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SPENBOROUGH URBAN DISTRICT
COUNCIL



ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH

For the Year

1 9 5 3

WILLIAM MASON DOUGLAS, M.B., Ch. B., D.P.H.

Medical Officer of Health.

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Urban District of Spenborough

Constitution 1953—54

Chairman : Councillor H. SIDDLE.

Vice-Chairman : Councillor A. R. STOCKHILL.

Councillor	Miss A. BLACKBURN	Councillor	G. BLACKBURN, J.P.
„	J. E. BROWN	„	S. R. ELLIS
„	B. FARROW	„	P. FAWCETT
„	J. GREENALD	„	Mrs. E. L. HARTLEY
„	Mrs. A. HOLROYD	„	A. JONES
„	J. G. KENT	„	F. KIRKMAN
„	R. LEA	„	D. NAYLOR
„	H. OXNARD	„	D. PAGE
„	H. ROBINSON	„	F. A. C. SCHOFIELD
„	T. W. SHAW	„	H. SIDDLE
„	A. W. SMITH	„	J. SMITH
„	W. STILLINGFLEET	„	A. R. STOCKHILL
„	R. STOCKS	„	G. H. SYKES
„	H. de LACY TAYLOR	„	W. E. TETLEY
„	F. J. WILSON	„	H. WRAY

HEALTH COMMITTEE 1953-54.

Chairman : Councillor D. PAGE.

Vice-Chairman : Councillor A. W. SMITH.

The Chairman of the Council : Councillor H. SIDDLE.

Councillor	Miss A. BLACKBURN	Councillor	Mrs. A. HOLROYD
„	D. NAYLOR	„	J. SMITH
„	W. STILLINGFLEET	„	R. STOCKS
„	G. H. SYKES		

September, 1954.

TO THE CHAIRMAN AND MEMBERS OF THE PUBLIC HEALTH COMMITTEE.
SPENBOROUGH URBAN DISTRICT COUNCIL.

Mr. Chairman, Gentlemen,

I have the honour to submit to you my Annual Report relating to the Urban District of Spenborough, and to the work of the Health Department for the year 1953. In addition to providing information relating to certain aspects of the communal health it contains statistical returns of the work carried out by the Department and, once again, some account is given of the Health Services which are provided by the County Council in Spenborough by virtue of the National Health Service Act 1946. Locally these services come within my executive control and are closely integrated with the services provided by the Spenborough Council.

Summarised very briefly the vital statistics show a decline in the birth rate to 13·8 births per thousand of population, and this is smaller than the average rate throughout England and Wales (15·5). Even statistical adjustment making allowance for differences in the age and sex constitution of the Spenborough community does not explain the consistently lower rate which is recorded here as compared with large towns and cities (average 17·0). There must be a social reason for this. Perhaps it is a reflection of a canny, thrifty community with an appreciation of the cost involved in giving children a fair start in life. Perhaps too, the extensive employment of female labour in industry is a factor. Could it perhaps also be that although there is a wide variety of industry in the district there may not be quite such a wide scope in careers for young people within the district as obtains in the larger cities.

The number of home confinements again decreased and it will become increasingly difficult to provide an adequate domiciliary midwifery service with economical employment of staff. I continue to believe that the resources of the National Health Service could be put to better use than the over-provision of beds for normal maternity cases which obtains in this locality.

The infant mortality rate again showed a drop and at 25·6 per thousand births was the lowest ever recorded in Spenborough. This must be viewed with some satisfaction though tempered somewhat by the slight increase in the stillbirth rate. In both these factors we compare favourably with the average throughout the country which is, for infant mortality 26·8, and for stillbirths 22·4. The standard of parental care of infants is on the whole good, and is supported by skilled medical attention and by routine supervision and advice by highly trained nursing personnel. Needless to say the ideal has not yet or ever can be reached, but I believe that in respect of mothercraft in infancy at least, substantial improvement has taken place even within the past ten years.

Turning to the mortality figures, it is noted that there has been a slight fall in the mortality rate from 14·2 to 13·4, or 12·8 (standardised), and this is one of the lowest figures yet recorded in Spenborough. The commonest causes of death were cancer (71 cases), which, however, shows a fall of 23 cases compared with last year, coronary disease (83 cases), a drop of 13 from last year, heart disease (116 cases) and cerebral haemorrhage and thrombosis (83 cases). Since all mankind must die sometime the numbers of people dying is of less importance than the age at which they die, and it will be noticed that out of 491 deaths in the year, death had been postponed in 342 cases till beyond the 65th year of life and in 198 of these cases till beyond the 75th year of life. Between 45 and 65 years of age, in which there were 111 deaths, the predominant causes of death were cancer and coronary disease. Improved methods of treating these ailments are the comfort of the many who suffer from them ; precise knowledge of their causes and hence how to prevent them is perhaps the greatest prize now waiting to be won in medicine. Of course mortality tables are no true reflection of the amount of illness, or shall we say lack of health, from which a community suffers. We all know that there is a vast amount of respiratory disease, bronchitis, asthma, catarrh, and the like, rheumatism, stress disorders, minor infectious disease, etc., which is prevalent in the cold, heavily industrialised, and smoke polluted valley in which we live and work. But we do not know exactly how much and because we have never seriously tried we do not know how much could be prevented. It may be speculated whether a solution to this state of affairs could be a large increase in the number of general medical practitioners, so that with fewer patients they would be required to record statistics relating to all illness, would take over all clinical duties at present undertaken by whole time medical staffs of Health Departments and carry preventive practices including routine supervision into the homes of the people and the places of their work. This is perhaps a Utopian conception—it makes very many presuppositions such as changes in medical training, adequate remuneration, reorientation of the work of public health nursing staffs and the like. Financially it could be afforded out of economies in the national bill for medicines (£41.33 million in 1953 for 204.18 million prescriptions) and from the loss to the national income through illness both real and fancied, and in both cases often capable of prevention.

To continue with the report there was an abnormally high incidence of minor infectious disease this year. Measles (769 cases) and chickenpox (443 cases) being particularly prevalent during the Winter and Spring months. Although there were 18 notifications of food poisoning and 13 notifications of dysentery these cases were localised in individual families and occurred at different times, and no common causative factor could be detected.

Much work and a fair amount of worry was occasioned by the outbreak of Asiatic smallpox which prevailed in the West Riding of Yorkshire from February till the beginning of May. Although no cases of the disease occurred in any Spenborough resident the final case of the outbreak was of a youth employed at Gomersal colliery but residing in Baildon. Some account of this incident is given in the section of the report dealing with infectious diseases. For the sixth year in succession no case of Diphtheria occurred, but this happy state of affairs can only be expected to continue if parents play their part in securing the immunisation of their children at an early age and reinforcement at periodic intervals throughout childhood. One finds it difficult to understand why in spite of all our efforts of education and persuasion so many parents fail to have their children inoculated in infancy against whooping cough also, which this year was the subject of 124 notifications. Only seven cases occurred in children previously inoculated, and in each of these the symptoms were so slight and of such short duration that the diagnosis can only have been presumptive.

On the environmental aspects of our work you will see again the strenuous endeavours which are continually carried out to safeguard health and improve amenity. There has been a marked improvement this year in the freedom from tuberculosis of the samples of milk which are periodically taken for testing, and the efficiency of the meat and food inspection can be judged from the figures of carcasses inspected at the abattoir, the amount of meat condemned and the complete absence over the years of any evidence that diseased meat has been allowed to pass from the abattoir to the consumer.

I commented at some length in last year's report upon the housing position in Spenborough and the magnitude of the slum clearance problem, and although it is gratifying to know that 127 new houses were completed during the year, this problem of clearance and replacement remains virtually unaltered. Nothing shakes my belief that the list of applications for Council houses comprises mainly those with a worthy desire for improved amenity rather than those living in the worst conditions, and I submit that it is to the latter that we owe a prior duty.

The White Paper which has been published relating to the Housing Repairs and Rents Act which is due to come into operation in 1954, indicates that we may well be at the beginning of another era of great social uplift, as significant perhaps as that which saw the end of the war and the introduction of the National Health Service, National Assistance, and National Insurance Acts; the sooner we begin to implement some of its intentions the quicker will the community benefit and the less difficulty there will be in the long run.

Of the so-called personal health services which are operated by the Department, reference to the body of the report will indicate their infinite variety and to those interested in the humanities their social and economic value will be readily apparent. What can not be shown in the report is the quality of the work, the human problems which are thrown up within the work, and the high degree of skill and training which is necessary in all those engaged in it. It is perhaps only apparent to us in the Department how greatly we depend upon help, co-operation, and support from our professional colleagues both in hospital and in general practice, and that it is so freely given is at once a great satisfaction to us and an immense benefit to the public. Where so many have been so helpful it is impossible to mention all, but I am glad particularly to mention the Headmasters and teachers in the schools who have been without exception tolerant and co-operative at all times throughout the year.

The section of the report relating to the work of the Sanitary Inspectors has been compiled by Mr. Templeman, the Chief Sanitary Inspector, to whom once again my thanks are due, as indeed to all members of the staff for loyal support and assistance in maintaining an integrated, happy, and as I believe, efficient Department during a somewhat trying year.

In conclusion, Mr. Chairman, may I thank you and the members of the Health Committee, for the interest which you have taken in the activities of the Health Department, and for the courteous and helpful attitude which you have adopted.

I am, Mr. Chairman and Gentlemen,

Your obedient servant,

W. M. DOUGLAS,

Medical Officer of Health and
Divisional Medical Officer.

SPENBOROUGH URBAN DISTRICT.

Area of district in acres at 1951 census	...	...	...	8,253
Population at 1951 census	...	...	...	36,977
Number of inhabited houses at 1951 census	...	...	...	12,723
Average number of persons per room at 1951 Census	...	...	...	1.29
Number of families at 1951 Census	...	...	...	12,381

Statistical Summary of the area for 1953 in comparison with 1952.

	1952	1953
Area of the district in acres	8,253	8,253
Estimated population (mid-year)	36,860	36,760
Average number of persons per acre	4.5	4.5
Estimated number of dwellinghouses	12,795	12,920
Average number of persons per house	3	2.8
Rateable value at 1st April	£182,098	£184,765
Product of Penny Rate (estimate)	£700	£715
Crude Death Rate per 1,000 estimated population	14.2	13.4
Comparability Factor	0.96	0.96
Standardised Death Rate	13.6	12.8
Crude Birth Rate per 1,000 estimated population	14.8	13.8
Comparability Factor	1.02	1.02
Standardised Birth Rate	15.2	14.1
Still-birth Rate per 1,000 total live and still-births	16.1	21.2
Infant Mortality Rate per 1,000 live births	27.2	25.6
Maternal Mortality Rate	Nil	Nil

POPULATION AND SOCIAL CONDITIONS.

The population of the original Urban District of Spenborough at the 1931 census was 30,963, and the population of Birkenshaw, Hunsworth and Hartshead, which were added to the original Urban District in 1937, was 5,066, giving a total population at that time of 36,029. Provisional figures for the 1951 census show a population of 36,977, an increase of 948 in fourteen years. The Registrar General's estimate of the population of the Urban District of Spenborough at the middle of 1953 is 36,760, and this figure is used throughout this report in calculating rates.

The district, although mainly industrial in nature, contains much open space and a fair amount of agricultural land. There are over four hundred factories in the district but only eighty-eight of these employ more than twenty persons. Although processes connected with the woollen textile industry are the predominant industry a great diversity of manufacture is carried on. There is the advantage in this that the whole community can not be affected by recession in any one branch of industry. The small size of many of the factories renders very difficult the establishment of an effective industrial medical service, but within recent years development of welfare schemes, canteens, etc., in the larger factories has proceeded in a very satisfactory manner. Owing to the way in which the Urban District was formed by the amalgamation of a number of pre-existing townships population has tended to be concentrated in comparatively small aggregates rather than spread evenly throughout the district, but this is to some extent disappearing owing to the movement within the district of large sections of the community into new housing estates. In any event strong community of interest had been fostered among these aggregates and it perhaps lacks only a really good shopping centre to re-inforce and cement this.

The year under review was one in which there was a high level of employment throughout the whole district. What short time working there was occurred in the wire industry but this was only spasmodic and taking the district as a whole there was no unemployment worth speaking about. Indeed it is a fact that there are still approximately 350 persons who are transported daily from South Yorkshire to work in the Spen Valley area textile industries. Generally speaking most firms of the area are keen to employ wherever possible their quota of disabled persons under the Disabled Persons (Employment) Act 1944.

I am indebted to the Manager of the Spen Valley Employment Exchange for the information regarding employment in the district.

VITAL STATISTICS FOR THE YEAR 1953.

Live Births. (Registered)

					Males	Females	Total
Legitimate	...	...	...	...	268	227	495
Illegitimate	...	...	...	...	9	3	12
Total					277	230	507

Birth rate per 1,000 estimated population : 13·8.

Live and Stillbirths Notified in the District.

Ward					Males	Females	Total
Cleckheaton—East	...	...	...	...	6	2	8
Cleckheaton—West	...	...	...	...	2	2	4
Hightown and Hartshead	...	...	...	...	13	21	34
Birkenshaw	...	...	...	...	1	—	1
Gomersal	...	...	...	...	5	8	13
Millbridge	...	...	...	...	4	6	10
Scholes	...	...	...	...	10	1	11
Spennings and Littleton	...	...	...	...	2	6	8
Oakenshaw and Hunsworth	...	...	...	...	2	1	3
Roberttown and Norristhorpe	...	...	...	...	8	3	11
Total					53	50	103

Births Transferable to the District.

Hospitals	...	...	...	...			106
Maternity Homes	...	...	...	...			298
Nursing Homes	...	...	...	...			13
Total							417

Stillbirths.

					Males	Females	Total
Legitimate	...	...	...	...	5	6	11
Illegitimate	...	...	...	...	—	—	—
Total					5	6	11

Stillbirth rate per 1,000 total live and still-births : 21·2.

The birth rate has shown a downward trend from last year and is lower than the average rate for the country and for the administrative county. The Registrar General supplies a "comparability factor." In the case of Spenborough, for births, this is 1.02, and multiplying our crude birth rate by this figure we obtain a standardised birth rate of 14.1, which would represent the birth rate for Spenborough if its population had the same age and sex constitution as that of the country as a whole.

Approximately 80% of all confinements took place in hospital or maternity homes, and this is substantially greater provision than is required on social or medical grounds. The reason for this is to be found almost entirely in the propinquity of Crossley Maternity Home, and of course the fact that general medical practitioners can attend their own patients in this Home under conditions of ideal convenience does not lead to the encouragement of domiciliary confinements.

There were eleven stillbirths notified during the year giving a rate of 21.2 per 1,000 live and still births. Although this is slightly higher than last year it is still a satisfactory figure compared with the national average and that obtaining in most other authorities. No single cause appears to be a predominant factor, and in all except one case the mothers received their ante-natal care from general medical practitioners.

By far the larger proportion of domiciliary confinements took place in the Hightown and Hartshead ward which is to be expected in view of the large amount of new house building which has taken place in that area.

Deaths.

		Males	Females	Total
Total Deaths assigned to district	...	241	250	491
Deaths registered in the district	...			394
Deaths transferable to the district	...			109
Deaths transferable from the district	...			12
Death Rate per 1,000 estimated population				13.4
Standardised Death Rate	... ..			12.8
Deaths from puerperal causes	... ..			Nil
Deaths of Infants under 1 year :—				
		Males	Females	Total
Legitimate	... ..	9	4	13
Illegitimate	... ..	—	—	—
		9	4	13
Death rate per 1,000 live births	... ..	...	...	25.6
Death rate of legitimate infants per 1,000 legitimate live births				26.3

There were 491 deaths assigned to the district giving a crude death rate of 13·4. The Registrar General's "comparability factor" for deaths is 0·96 and multiplying the crude death rate by this factor we obtain 12·8 which would represent the death rate for Spenborough if its population had the same age and sex constitution as that of the country as a whole. It is gratifying to note the decrease in the deaths from cancer and coronary thrombosis, although these two diseases are still, together with heart disease and vascular lesions of the nervous system, the major causes of death. There were this year 23 fewer cases of deaths from cancer and 13 fewer cases of deaths from coronary disease than last year. It will be noticed that 40% of all the deaths occurred in the age group of 75 years and over.

There were 13 deaths of infants under one year of age giving an infant mortality rate of 25·6 per 1,000 live births. In view of the social conditions of the area and climatic and other factors this must be considered a favourable result and is in fact the lowest infant mortality rate ever recorded in Spenborough. The causes of infantile mortality are given in a following table and it will be seen that no single cause predominated.

There were no deaths of mothers associated with child birth during the year.

CAUSES OF AND AGES AT DEATH DURING THE YEAR 1953.

	All Ages	Under 1 year	1-4	5-14	15-24	25-44	45-64	65-74	75 and Over	Males	Females	Deaths in Institutions
Tuberculosis respiratory ...	6					1	3	2		5	1	3
Tuberculosis other ...	1								1		1	1
Acute Poliomyelitis ...	2		1		1					2		2
Cancer ...	71			1		2	24	23	21	36	35	17
Diabetes ...	2						2			1	1	1
Vascular lesions of nervous system ...	83					2	10	20	51	27	56	12
Coronary disease angina ...	70						26	25	19	46	24	11
Hypertension with heart disease ...	5							2	3	1	4	1
Other heart disease ...	116				1	4	16	32	63	44	72	7
Other circulatory disease ...	18					1	2	4	11	9	9	2
Pneumonia ...	7							4	3	3	4	
Bronchitis ...	36				1		7	17	11	25	11	9
Other diseases of respiratory system ...	3					1	1	1		2	1	
Ulcer of stomach & duodenum	1						1			1		
Gastritis, enteritis & diarrhoea	1						1				1	1
Nephritis & nephrosis ...	18		1		1		5	4	7	8	10	3
Hyperplasia of prostate ...	1								1	1		1
Congenital malformation ...	3	3								2	1	2
Other defined & ill defined causes ...	32	9				3	11	4	5	16	16	20
Motor vehicle accidents ...	4				1			3		4		4
All other accidents ...	6	1				1	1	1	2	5	1	5
Suicide ...	5					2	1	2		3	2	
TOTAL--All Causes ...	491	13	2	1	5	17	111	144	198	241	250	102

CAUSES OF INFANTILE MORTALITY IN SPENBOROUGH URBAN DISTRICT, 1953

Cause of Death	Under 1 day	1 day	2 days	3 days	4 days	5 days	6 days	7—13 days	14—20 days	21—28 days	28 days—2 months	3 months	4 months	5 months	6 months	7 months	8 months	9 months	10 months	11 months	12 months	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	In First Year
Congenital Malformation						1	1											1				2			1	3
Accidental asphyxia										1												1				1
Prematurity	3		1					1	1													2	3	1		6
Atelectasis	2																					1		1		2
Otitis media and Pneumonitis													1											1		1
TOTALS	5		1			1	1	1	1		1		1					1				6	3	2	2	13

**Birth Rates, Death Rates, Analysis of Mortality, Maternal Death Rate
and Case Rates of Certain Infectious Diseases in 1953 compared with
other areas.**

	England and Wales	160 County Boroughs and Great Towns including London	160 Smaller Towns (Resident Pop. 25,000 to 50,000 at 1951 Census)	London Admin. County	Spen- borough
Births	Rates per 1,000 Home Population				(14.1)*
Live births	15.5	17.0	15.7	17.5	13.8
Still births	0.35	0.43	0.34	0.38	0.30
	22.4(a)	24.8(a)	21.4(a)	21.0(a)	21.2(a)
Deaths					(12.8)*
All causes	11.4	12.2	11.3	12.5	13.4
Typhoid and Paratyphoid ...	0.00	0.00	—	—	—
Whooping Cough	0.01	0.01	0.00	0.00	—
Diphtheria	0.00	0.00	0.00	—	—
Tuberculosis	0.20	0.24	0.19	0.24	0.19
Influenza	0.16	0.15	0.17	0.15	—
Smallpox	0.00	0.00	0.00	—	—
Acute poliomyelitis (including polioencephalitis)	0.01	0.01	0.01	0.01	0.05
Pneumonia	0.55	0.59	0.52	0.64	0.19
Notifications (corrected)					
Typhoid fever	0.00	0.00	0.00	0.01	—
Paratyphoid fever	0.01	0.01	0.01	0.01	—
Meningococcal infection ...	0.03	0.04	0.03	0.03	—
Scarlet fever	1.39	1.50	1.44	1.02	1.52
Whooping cough	3.58	3.72	3.38	3.30	3.37
Diphtheria	0.01	0.01	0.01	0.00	—
Erysipelas	0.14	0.14	0.13	0.12	0.19
Smallpox	0.00	0.00	0.00	—	—
Measles	12.36	11.27	12.32	8.09	20.9
Pneumonia	0.84	0.92	0.76	0.73	1.30
Acute poliomyelitis (including polioencephalitis)					
Paralytic	0.07	0.06	0.06	0.07	0.14
Non-paralytic	0.04	0.03	0.04	0.03	—
Food Poisoning	0.24	0.25	0.24	0.38	0.49
Puerperal Pyrexia	18.23(a)	24.33(a)	12.46(a)	28.61(a)	—
	Rates per 1,000 Live Births				
Deaths					
All causes under 1 year of age ...	26.8(b)	30.8	24.3	24.8	25.6
Enteritis and diarrhoea under 2 years of age	1.1	1.3	0.9	1.1	—

Maternal Mortality in England & Wales			
	No. of Deaths	Rates per 1,000 Total (Live & Still) Births	Rates per million women aged 15—44
Sepsis of pregnancy, childbirth and the puerperium	68	0.10	—
Abortion with toxæmia	7	0.01	1
Other toxæmias of pregnancy and the puerperium	166	0.24	—
Haemorrhage of pregnancy and childbirth	90	0.13	—
Abortion without mention of sepsis or toxæmia	30	0.04	3
Abortion with sepsis	39	0.06	4
Other complications of pregnancy, childbirth and the puerperium	125	0.18	—

*Standardised Rates.

(a) Per 1,000 Total (Live and Still) Births.

(b) Per 1,000 related live births.

PREMATURE INFANTS.

Given below are details of premature infants born at home and in hospital :—

- (i) The number of premature babies notified during the year whose mothers are normally resident in the Council's area 36
- (ii) The total number of premature babies notified during the year that were born :—
- | | | | | | | | | |
|---------------------------------|-----|-----|-----|-----|-----|-----|-----|----|
| (a) at home | ... | ... | ... | ... | ... | ... | ... | 6 |
| (b) in hospital or nursing home | ... | ... | ... | ... | ... | ... | ... | 30 |
- (iii) The number of those born at home :—
- | | | | | |
|--|-----|-----|-----|---|
| (a) who were nursed entirely at home | ... | ... | ... | 5 |
| (b) who died during the first 24 hours | ... | ... | ... | 2 |
| (c) who survived at the end of one month | ... | ... | ... | 3 |
- (iv) The number of those born in hospital or nursing home :—
- | | | | | |
|--|-----|-----|-----|----|
| (a) who died within the first 24 hours | ... | ... | ... | 2 |
| (b) who survived at the end of one month | ... | ... | ... | 25 |

TABLE SHOWING BIRTH WEIGHTS OF PREMATURE INFANTS.

Domiciliary Confinements.

Birth Weight lbs. ozs.	No. of Infants	No. of Infants who survived		
		24 hours	2-7 days	1 month
2 —	1	—	—	—
2 4	1	1	—	—
3 —	1	—	—	—
4 8	1	1	1	1
5 —	1	1	1	1
5 4	1	1	1	1
Totals	6	4	3	3

Institutional Confinements.

Birth Weight lbs. ozs.		No. of Infants	No. of Infants who survived		
			24 hours	2-7 days	1 month
1	14	1	1	1	—
2	9	1	—	—	—
3	5	1	1	1	1
3	10	2	2	2	2
4	—	1	1	1	1
4	1	1	1	1	1
4	4	2	2	2	1
4	6	1	1	1	1
4	8	1	1	1	1
4	10	2	2	2	2
4	11	1	1	1	1
4	12	2	2	2	2
4	14	1	1	1	1
4	15	1	1	1	1
5	1	1	1	1	1
5	2	4	4	4	4
5	4	1	1	1	1
5	6	5	4	3	3
5	7	1	1	1	1
Totals		30	28	27	25

DIPHTHERIA IMMUNISATION.

Diphtheria Immunisation is made available free of charge by arrangements made by the County Council with the general practitioners and through the Public Health Services. Arrangements are made to carry out immunisations at the Child Welfare and School Clinics in the area, and special sessions are held at the schools where sufficient numbers justify it. Approach is made to the parents of every child entering school for the first time and again when they reach the age of ten years in an attempt to raise and maintain the general level of immunity of the school population in particular against diphtheria.

The following tables show the amount of diphtheria immunisation carried out during the year and the total number of children immunised since 1945 :—

Primary Injections.

Period	Age at final injection							Total
	Under 1	1	2	3	4	5-9	10-14	
Six months ending 30th June, 1953	6	118	36	9	3	40	1	213
Six months ending 31st December, 1953	24	124	11	8	6	46	1	220
Totals for 1953	30	242	47	17	9	86	2	433

Re-inforcing Injections.

Period	Age at final injection							Total
	Under 1	1	2	3	4	5-9	10-14	
Six months ending 30th June, 1953	—	—	—	—	—	141	62	203
Six months ending 31st December, 1953	—	—	—	—	26	228	157	411
Totals for 1953	—	—	—	—	26	369	219	614

Number of children immunised for the first time during each half-year.

	First half-year	Second half-year	Total
1945	207	218	425
1946	318	219	537
1947	150	390	540
1948	545	269	814
1949	227	250	477
1950	205	157	362
1951	210	174	384
1952	246	165	411
1953	213	220	433

“For some time it has been generally agreed that, because individual immunity tends to wane with the passage of time, an assessment of the extent to which a local population has been protected must take into account the proportion of children of each age who have received at some time or other a course of injections against diphtheria as well as the ages at which the courses were received. To achieve this, it is desirable to have a double classification of the immunisations already done, *i.e.*, by age at inoculation as well as by age attained.”

The above is an extract from Ministry of Health Circular 3/53 and in accordance with the request of the Ministry of Health I give below the new table showing the numbers and percentages of children who have had a course of immunisation within the last five years separated from those who had a course of immunisation previously :—

Age at 31-12-53 <i>i.e.</i> , Born in year :	Under 1 1953	1—4 1952-1949	5—9 1948-1944	10—14 1943-1939	Under 15 Total
Last complete course of injections (whether primary or booster)					
A. 1949-1953	24 (5%)	1203 (55%)	1678 (54%)	719 (29%)	3624 (48%)
B. 1948 or earlier	—	—	860 (29%)	1306 (53%)	2166 (26%)

The Ministry's circular quoted above goes on to say :—

“In interpreting this index it will have to be borne in mind that of children under one at the end of the year only one-third will have attained the age of eight months (when immunisations are normally given) and that, even if all of this group age 8 months and over were immunised the index among them would only be 33%. At age 10-14, where the proportion will be dependent upon booster inoculations having been given, this fact, and the existence of some residual protection from inoculations given more than five years previously, will have to be allowed for in deciding whether the immunity of the local population shown by the index is satisfactory.”

SMALLPOX VACCINATION.

Table showing Persons Vaccinated and Re-vaccinated during 1953.

Age at date of vaccination	Under 1	1	2-4	5-14	15 or over	Total
Number Vaccinated	64	117	216	850	957	2204
Number Re-Vaccinated	—	—	13	174	1071	1258

The total number of vaccinations against smallpox carried out is very much greater than an average year owing to the smallpox scare which prevailed in the district and to which reference is made in the section on infectious diseases.

WHOOPING COUGH IMMUNISATION.

Immunisation carried out during the year.

Age at final injection.

Under 6 months	...	...	...	2
6 months to one year	...	...	...	156
1—2	...	...	...	96
2—3	...	...	...	21
3—4	...	...	...	14
Total				289

Immunisation in relation to Child Population.

Number of children at 31st December who had completed a course of immunisation at any time before that date.

Age at 31/12/53 i.e. born in year	Under 1 1953	1 1952	2 1951	3 1950	4 1949	5 1948	Total
Number immunised	44	221	113	46	28	12	464

INFECTIOUS DISEASES.

Minor Infections.

The incidence of minor infectious diseases was exceptionally heavy particularly in the first part of the year. There were in all 769 notifications of measles and 443 notifications of chicken pox. Although the majority of these cases were of a mild nature a few were of considerable severity and it is perhaps due to either good fortune or skilled medical attention and home care that no deaths were attributed to these two infections.

Food Poisoning and Dysentery.

The food poisoning and dysentery cases which were notified occurred in individual families and in no case could any common cause or connecting link be traced. One is driven it seems to the conclusion that some dysentery is endemic in this and many other Urban areas, and it is only the odd case with comparatively severe initial symptoms which becomes the subject of notification.

Poliomyelitis.

Five confirmed cases of poliomyelitis were notified. One of these cases was in a young man of 22 years of age who had been outside the district for some time prior to the onset of his infection. Unfortunately he developed the disease in a severe form and died. In the other cases one child of six months of age has severe residual paralysis, two children aged three years and five and a half years have a moderate degree of residual paralysis and one case was very mild and made a complete recovery. It will be noticed that the table of mortality shows two deaths from poliomyelitis and one of these relates to a child admitted to a general hospital suffering from convulsions and a diagnosis of poliomyelitis was made at the post mortem examination. This case was never notified.

Whooping Cough.

124 cases of whooping cough were notified during the year and in only 7 of these had immunisation against the disease previously been carried out. In these previously immunised cases steps were taken to determine whether the symptoms had been modified by immunisation. In every case the comments of the general practitioner were most striking, the symptoms being of an exceptionally mild nature and lasting only a few days in comparison with the severe and distressing cough persisting for periods up to six weeks and longer in the unprotected children. Indeed in all of these immunised cases the diagnosis had been presumptive only because of the patient's contact with other cases of whooping cough.

Smallpox.

A severe form of smallpox appeared in the Todmorden area of the West Riding of Yorkshire in February in an operative employed in a cotton factory. Other cases occurred in Todmorden, Halifax, Morley, Linthwaite, Leeds, Baildon and parts of Lancashire. The majority of these cases were transported by ambulance supplied from the West

Riding Ambulance Depot at Oakroyd Hall, Birkenshaw to the Smallpox Hospital at Oakwell in Birstall, and throughout the period from February until the end of May constant supervision of the arrangements in connection with the Ambulance Service and the personnel of the Depot were necessary. In this the greatest help and co-operation were given by Mr. Whitaker, the County Ambulance Officer, to whom nothing seemed to be too much trouble and who carried out faithfully every suggestion which was made. A certain amount of surveillance was also necessary of nursing staffs resident in Spenborough and in the case of possible contacts in the Todmorden area.

On May 1st a young miner who worked at Gomersal Colliery fell ill suffering from headache and vomiting. He worked on the night shift at the Colliery but although unwell on the morning of Friday 1st May proceeded from Baildon by 'bus to Gomersal to collect his wages and returned home. He became more ill over the week-end and by the Tuesday he had been admitted to hospital as a suspected case of smallpox. This youth subsequently died of the disease.

Dr. Battersby, the Medical Officer of Health for Baildon, notified me as soon as suspicion was raised and the machinery for localising any possible spread and for tracing the source of the disease was set in motion. The position at that time was either that he might have contracted the disease from a work mate at the Colliery or alternately there was just the possibility that he may have infected some of his work mates. Consequently examination and surveillance of all employees at the Colliery was carried out for a period of fourteen days after the case and vaccination of all employees was also arranged. In these arrangements at the Colliery the medical staff of the National Coal Board were quick to offer their services and proved most helpful and co-operative throughout. In the event, in spite of most exhaustive investigations, no contact was ever established between this youth and any other known case of smallpox nor did any other cases occur among this boy's associates.

Although there were not wanting those prepared to raise a scare within the district either through ignorance or fear it was considered that only those employed at the Colliery and hence in contact with the patient, and their families, were in need of immediate protection by vaccination and of follow-up surveillance. This together with the many other administrative problems raised threw a heavy strain upon the department, and I must record what a pleasure it was to work with a staff who threw personal considerations and convenience overboard at a time of some emergency, as, of course, was to be expected. I consistently resisted any promptings to hold public vaccination sessions and by and large the routine activities of the department were carried on unaltered throughout the period. Dr. Whitehead gave valuable assistance to the Medical Officer of Health of Todmorden in the early stages of the outbreak and this also threw some strain upon members of the department. However the experience which she had been afforded of this work subsequently proved of value in Spenborough.

CASES OF INFECTIOUS DISEASE
occurring in Spenborough Urban District classified according to Areas and Quarters, 1953.

Disease	Cleckheaton, Hunsworth Oakenshaw and Scholes				Liversedge, Roberttown, Hartshead and Norrishthorpe				Gomersal and Birkenshaw				Spenborough			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Whooping Cough ...	14	5	10	12	13	19	27	18		1			27	25	37	35
Measles ...	121	57	6	1	274	211	4	1	64	17	13		459	285	23	2
Chicken Pox ...	45	97	11		72	147	26	4	20	20	1		137	264	38	4
Scarlet Fever ...	10	5	1	12	7	4	4	6	3	2	1	1	20	11	6	19
Pneumonia ...	10	8	4	4	12		2	2	3	1	2		25	9	8	6
Erysipelas ...		2		1	1			1	1		1		2	2	1	2
Poliomyelitis ...				3				1				1				5
Dysentery ...			1	3		1	7				1			1	9	3
Food Poisoning ...		1	8			1	7				1			2	16	
TOTALS ...	200	175	41	36	379	383	77	33	91	41	20	7	670	599	138	76

CASES OF INFECTIOUS DISEASE
occurring in Spenborough Urban District classified according to Age Groups and Wards, 1953.

	All Ages	Under 1 year	1 to 5 years	5 to 15 years	15 to 25 years	25 to 45 years	45 to 65 years	Over 65 years	Oakenshaw and Hunsworth	Scholes	Cleckheaton East	Cleckheaton West	Spen and Littleton	Millbridge	Hightown and Hartshead	Roberttown and Norristhorpe	Gomersal	Birkenshaw	Removed to Hospital
Whooping Cough	124	15	59	47	1	2			4	4	14	19	8	2	57	10	5	1	1
Measles	769	31	374	356	4	3	1		13	29	47	96	59	85	266	80	60	34	2
Chicken Pox	443	19	153	262	4	4	1		23	71	24	35	16	16	140	77	33	8	
Scarlet Fever	56		19	35	1	1			9	4	3	12	3	4	8	6	4	3	22
Pneumonia	48	6	7	6	1	7	11	10	1	12	7	6	3		11	2	5	1	
Erysipelas	7					1	3	3			1	2				2	2		
Poliomyelitis	5	1	2	1	1				1		2			1			1		5
Dysentery	13	3	4	4	1	1					3	1	1	3	1	3	1		1
Food Poisoning	18		7	5	3	2	1		3		3	3	1		6	1	1		
TOTALS	1483	75	625	716	16	21	17	13	54	120	104	174	91	111	489	181	112	47	31

TUBERCULOSIS.

There were fewer notifications of tuberculosis this year than last (eleven compared with twenty) in spite of a visit of the Mass Radiography Unit to the District in October which evoked a good response from the public. Nurse Smith, who carries out the duties of tuberculosis visiting both in Spenborough and Mirfield, has maintained the close co-operation which has always existed between the Public Health Department and the Consultant Chest Physician and Hospital staffs. There is little delay in this area in securing sanatorium treatment for patients and the social work and domiciliary visitation provided by the Public Health Service ensures as far as possible against spread of infection and the continuation in the home of any treatment advised. In addition to the many problems which have been dealt with through these services it has been possible with the co-operation of the Housing Committee to secure better living conditions in a number of cases.

The statistical details of tuberculosis in Spenborough are as follows :—

Age Periods	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0	—	—	—	—	—	—	—	—
1	—	—	1	—	—	—	—	—
5	—	—	—	—	—	—	—	—
10	—	—	—	—	—	—	—	—
15	1	—	—	2	—	—	—	—
20	—	2	1	—	—	—	—	—
25	—	—	—	2	—	—	—	—
35	3	—	—	—	3	—	—	—
45	2	—	—	1	2	—	—	1
55	—	2	—	1	—	—	—	—
64 and upwards	—	1	—	—	1	1	—	—
Totals	6	5	2	6	6	1	—	1

	Pulmonary		Non-Pulmonary	
	Males	Females	Males	Females
(a) Number of Cases on Register at commencement of year	130	84	57	56
(b) Number of Cases restored to the Register ...	1	—	—	—
(c) Number of Cases notified first time during the year	6	5	2	6
(d) Removed from the district	3	2	1	—
(e) Recovery	2	1	2	2
(f) Revision of Diagnosis ...	1	—	—	—
(g) Deaths	6	1	—	1
(h) Number of cases remain- in on register	125	85	56	59

Seven notifications were received of admission of persons suffering from Tuberculosis to Sanatoria and fourteen discharges.

The following are the Institutions to which patients were sent :—

	Admissions		Discharges	
	Form I		Form II	
Seacroft Hospital, Leeds	—	1	—	1
St. Luke's Hospital, Bradford	—	1	—	1
Scotton Banks	1	2	—	2
The Hospital, Middleton, Ilkley	—	4	—	4
Whitley Grange Hospital... ..	4	5	—	5
St. George's Hospital, Rothwell... ..	1	—	—	—
Killingbeck Hospital, Leeds	—	1	—	1
Bradley Wood Sanatorium, Huddersfield	1	—	—	—
	7	14		

MASS RADIOGRAPHY SURVEY.

The Mass Radiography Unit of the Leeds Regional Hospital Board visited the district in October and I give below the results supplied to me by the Unit. It is not possible however, to draw any conclusions at all from such evidence since the persons examined constitute only a small proportion of the population and are not necessarily representative of the population taken as a whole. The information given is in respect of people actually examined during the survey and may therefore, include persons normally resident in other areas.

	Males	Females	Total
1. Examinations carried out.			
(a) Miniature X-rays taken	1253	893	2146
(b) Large X-rays taken	49	13	62
2. Analysis of Provisional Findings.			
(a) Cases of active Tuberculosis ...	3	—	3
(b) Cases of inactive Tuberculosis ...	9	1	10
(c) Other abnormalities (see below)	22	7	29
(d) Failed to reattend for large film	1	1	2
3. Analysis of abnormalities other than tuberculosis (see (c) above).			

Disease

Code No.

1. Anatomical abnormalities ...	6	2	8
2. Chronic bronchitis and emphysema	4	1	5
3. Pneumonia—lobar	1	1	2
4. Broncho pneumonia	—	—	—
5. Consolidation—cause unknown ...	—	—	—
6. Bronchiectasis	4	—	4
7. Pulmonary fibrosis—non-tuberculous	1	1	2
8. Pneumokoniosis—non-tuberculous	—	—	—
9. Pneumokoniosis accompanied by tuberculosis	—	—	—
10. Basal fibrosis	5	—	5
11. Pleural thickening... ..	—	—	—
12. Pleural & interlobar effusion ...	—	—	—
13. Spontaneous pneumothorax ...	—	—	—
14. Intrathoracic tumours	—	—	—
15. Cardio vascular lesions—congenital	1	—	1
16. Cardio vascular lesions—acquired	—	1	1
17. Miscellaneous :—			
(i) Acquired conditions of ribs ...	—	1	1
(ii) Acquired conditions of diaphragm	—	—	—
(iii) Dextrocardia	—	—	—
(iv) Pulmonary Mycosis	—	—	—
(v) Mediastinal effusions ...	—	—	—

MENTAL HEALTH SERVICES.

Supervision of certified mental deficiency cases in the area has been carried out by Mr. de la Cour in addition to her duties in connection with after-care and social work relating to persons suffering from mental illness. Her strenuous efforts to secure employment or placement in Occupation Centres have met with a considerable degree of success, and the general medical practitioners of the area have been at all times most helpful and co-operative in this work which is of real value both to the unfortunate individual and to the community. I believe, however, that opportunity exists for considerable extension of this work in relation to mental illness but in this development one is greatly dependant upon the requirements of the hospital staffs.

Mental Deficiency Statistics.

	Males	Females	Total
1. Number of defectives on register :			
(a) at home 	27	17	44
(b) in institutions 	19	13	32
	46	30	76
2. Number of defectives under supervision at home :			
(a) Statutory Supervision 	23	15	38
(b) Voluntary Supervision 	3	2	5
(c) On licence from institutions 	1	—	1
Total under supervision	27	17	44
3. Number of defectives in gainful employment	11	5	16
(b) Number attending occupation centres	6	4	10
(c) Number receiving home teaching	—	9	9
(d) Number awaiting admission to Institution 	1	—	1
Totals 	18	18	36

4. Placed under supervision in 1953	...	2	—	2
5. Placed under guardianship in 1953	...	—	—	—
6. Admitted to institutions in 1953	...	1	1	2
7. Admitted to occupation centres 1953	...	2	1	3
8. Visits paid during 1953 :—				
(a) To cases on Licence	... ..	4	—	4
(b) To Cases under Statutory Supervision	... ..	310	215	525
(c) To cases under Voluntary Supervision	... ..	5	6	11
(d) For home reports for institutions		10	6	16
Total visits		329	227	556

No. of cases receiving Home Teaching 1/1/53	2	9	11
No. of new cases during year	—	1	1
No. of cases admitted to Occupation Centres	2	1	3
No. of cases receiving Home Teaching 31/12/53	—	9	9
No. of visits paid during year	13	128	141

Mental Illness Statistics.

	Males	Females	Total
No. of cases receiving After-care at 1st Jan., 1953	12	8	20
New cases during year	5	14	19
	17	22	39
No. of cases taken off After-care register during the year	11	13	24
No. of cases receiving After-care at 31st December, 1953	6	9	15
No. of visits made to patients during 1953	115	106	221
No. of reports on home conditions requested by, and forwarded to mental hospitals	8	3	11

HOME NURSING SERVICE.

Heavy demand was made throughout the year upon the domiciliary nursing service and over a thousand more visits were paid by the nurses than last year. So far as the nursing treatment of patients is concerned the domiciliary nurses work under the directions of the general medical practitioners and no difficulties of any magnitude have arisen during the year, although arrangements have at some periods been difficult in times of sickness among the staff or when they have been absent from duty for other reasons. The necessity for an additional nurse available for relief duties has become even more evident this year, and following representations the matter is, I believe, under consideration by the County Medical Officer. It must be realised that to some extent the nature of home nursing care is changing, with larger numbers of "long term" or chronic cases whose nursing care involves heavy physical work as well as professional skill. This factor is to be taken into consideration together with the statistical returns in assessing the domiciliary nursing needs of an area.

1. No. of cases visited during 1953—

(a) Medical cases	...	...	...	...	...	...	524
(b) Surgical	...	...	...	...	...	...	214
(c) Infectious diseases	...	...	...	...	...	...	3
(d) Tuberculosis	...	...	...	...	...	...	14
(e) Maternal complications	...	...	...	...	...	...	3
Total							758

2. No. of visits paid during 1953 to—

(a) Medical cases	...	...	...	...	...	...	11,996
(b) Surgical cases	...	...	...	...	...	...	5,023
(c) Infectious diseases	...	...	...	...	...	...	20
(d) Tuberculosis	...	...	...	...	...	...	502
(e) Maternal complications	...	...	...	...	...	...	40
Total visits paid							17,581

MIDWIFERY.

As has already been pointed out a very small proportion of confinements in Spenborough is carried out in the home and during the year the district midwives undertook 103 such cases. In spite of this, however, the midwives have extended their influence to ante-natal work and have visited the homes of patients who had booked hospital accommodation for their confinements. In addition they attended the ante-natal clinics where they were able to discuss their patients with the Medical Officer present. Gas and air analgesia was administered by the domiciliary midwives in 72 cases and pethedine was administered in 67 cases.

Confinement in the home where conditions are suitable is today as convenient, as safe, and at least as painless, as it is in any hospital and many will assert that it is better for the mother, for her newborn child, and for the other children of the family. The continued fall in the number of domiciliary confinements will inevitably lead to reductions in the number of midwives employed in the district, and this will make the maintenance of an efficient domiciliary midwifery service a matter of some difficulty.

Details are given of the work done by the District Midwives during the year :—

(a)

Details of Deliveries				Total No. of Cases
Dr. Not Booked		Dr. Booked		
Present	Not Present	Present	Not Present	
1	55	7	40	103

(b) Ante-natal visits	...	...	...	...	1653
(c) Post-natal visits	...	...	...	...	2470
(d) No. of cases receiving Gas & Air Analgesia					72
(e) No. of cases receiving Pethedine	...	...	...	...	67

The midwives sought medical aid on 34 occasions, details of which are given below :—

(i) Pregnancy	...	...	...	...	5
(ii) Labour	...	...	...	...	14
(iii) Lying-in ...	...	...	...	...	6
(iv) The child	...	...	...	...	9

Pregnancy.

Ante-partum haemorrhage	1	Threatened miscarriage	2
High Blood Pressure	1	Varicose veins	1

Labour.

Ruptured perineum	5	Premature Labour	... 1
Post partum haemorrhage	3	Delayed labour	... 3
Foetal Distress ...	1	Uterine inertia ...	1

Lying-in.

Vomiting	1	Pyrexia	2
Breast condition ...	2	Illness of Mother ...	1

The Child.

Discharging eyes ...	6	General condition ...	1
Deformity	2		

ANTE-NATAL CLINICS.

Attendances at the Ante-Natal Clinics throughout the year varied little as compared with last year and approximately half of all the expectant mothers received their ante-natal care at these clinics. Excellent co-operation has been established with the general practitioners in the area, and with the patient's consent her first attendance at the Clinic is notified to her own doctor where this has not already been done. Patients are also encouraged to attend their own doctors on at least two occasions during the ante-natal period. The proportion of expectant mothers attending an ante-natal clinic would increase if more of them could be brought to understand the value of the educative advice which is given by the doctors and midwives and health visitors who are in attendance at the Clinics and who will in part be responsible for the supervision of the health of the children after birth. In addition to the routine medical procedures, instruction is given in the hygiene of pregnancy, preparation for breast feeding, and on suitable diets. Classes are held on relaxation techniques and ante-natal exercises which serve to bring the expectant mother up to her confinement well adjusted mentally and physically to the experience she is about to undergo. Enquiries which I have made both from the domiciliary midwives and general practitioners and from Crossley Maternity Home leave me in no doubt of the value of these classes, and they are greatly to be encouraged. I am afraid that in medicine too often the psychological changes, the doubts and the fears which occur in pregnant women are overlooked, the emphasis being often entirely on physical care.

Attendances at Ante-Natal Clinics :—

				Ante-Natal	Post-Natal
Elm Bank Clinic	...	...	...	433	14
Valley Road Clinic	...	...	...	766	19
Birkenshaw Clinic	...	...	...	76	7
Total during the year				1275	40

Number of women who attended during the year :—

Elm Bank Clinic	...	...	...	83	14
Valley Road Clinic	...	...	...	163	19
Birkenshaw Clinic	...	...	...	35	7
Total during the year				281	40

Number of women attending for the first time :—

Elm Bank Clinic	...	...	...	71	14
Valley Road Clinic	...	...	...	128	19
Birkenshaw Clinic	...	...	...	30	7
Total during the year				229	40

Dental Treatment of expectant mothers :—

No. inspected by Dental Officer	...	...	...	...	88
No. found to require treatment	...	...	...	...	86
No. found not to require treatment	...	...	...	...	2
No. who refused treatment...	...	...	...	...	4
No. who failed to attend for treatment	...	...	...	...	4
No. who received partial treatment	...	...	...	...	3
No. who received full treatment	...	...	...	...	68
No. still receiving treatment	...	...	...	...	7
No. of teeth extracted	...	...	...	...	147
No. of teeth filled	...	...	...	...	124
Scaling and gum treatment	...	...	...	...	26
No. of patients for whom dentures were fitted	...	...	...	...	7

BREAST FEEDING.

A survey was carried out of the incidence and duration of breast feeding of infants in the area with particular reference to the reason for the abandonment of breast feeding within the first two weeks of life, *i.e.*, before the initial visit of the Health Visitor. 478 cases were investigated and the following facts emerged.

Artificial feeding had been commenced in 132 cases by the end of the second week of life representing 27·6% of the total, and the reasons for this were as follows :—

Lactation failed	...	...	...	...	24
Illness of Mother	...	...	...	...	5
Lactation not established	...	...	...	...	38
Defective nipples or breast abscess	...	...	...	...	12
Own Doctor's advice	...	...	...	...	9
No adequate reason	...	...	...	...	7
Prematurity	...	...	...	...	3
Illegitimate ...	...	...	...	...	3
Illness of baby	...	...	...	...	1
Unco-operative and not interested in breast feeding	...	...	...	...	4
Lactation Poor	...	...	...	...	24
Twin Pregnancy	...	...	...	...	2

From this point the incidence of breast feeding declined as follows :—

Age groups (in weeks)	Number artificially fed.	Percentage
2—3	169	35·4
3—4	207	43·3
4—8	282	59·0
8—12	327	68·4
12—20	352	73·6
20—24	36	75·3

It is a sobering thought that with all our Public Health Services and with all the attempts which are made to educate mothers in the upbringing of their children almost half of all the babies born are “on the bottle” by the time they are four weeks old ; and yet every enquiry ever conducted has shown conclusively that the general health of breast fed babies, including freedom from infection, is greatly superior on average to those who are artificially fed. Nor can there be much doubt of the psychological advantages both to mother and child arising out of breast feeding.

CHILD WELFARE SERVICE.

Health Visiting.

The figures of home visits paid by the health visiting staff during the year have been well maintained and while the greatest emphasis has been placed on visits to the homes of infants in their earliest months it is gratifying to know that a good deal of attention has also been given to the supervision of the pre-school child. These domiciliary visits by nurses trained in the work of parentcraft and health education are perhaps the corner-stone of preventive medicine. They are, of course, only a part of the many duties which are undertaken by the health visitor/school nurse, and it says much for the quality of their work and for their tact and personal approach that so few difficulties have arisen in regard to co-operation with general practitioners. This co-operation and mutual regard has been developing steadily and given time, tolerance, and full appreciation that they are all working to the same end, *i.e.*, the better health of the community, it will progress still further.,

Number of visits paid during year :—

					1952	1953
(a)	To expectant mothers :—					
	(i)	First visits	...	...	43	28
	(ii)	Total visits	...	...	100	76
(b)	To children under 1 year of age :—					
	(i)	First visits	...	...	549	493
	(ii)	Total visits	...	...	8,375	8,229
(c)	To children between the ages of one and five years :—					
	(i)	Total visits	...	...	3,516	3,429
(d)	To other classes :—					
	(i)	Total visits	...	...	3,322	2,948

Child Welfare Centres.

The Child Welfare Clinics were again well patronised during the year and there was little variation in the figures of attendances as compared with last year. When the figures of these attendances are read in conjunction with those for domiciliary visitation it will be seen what an opportunity there is for every parent to get the advice and help in relation to the upbringing of their children and their family problems which is required in most households from time to time. Dried milk, dietary supplements and other suitable infant foods have continued to be sold at the clinics throughout the year.

INFANT WELFARE CENTRES.

	Number of Infant Welfare Sessions now held per month	Number of children who first attended during the year and who at their first attendance were under 1 year of age	Number of children who attended during the year and who were born in			Total Number of Children who attended during the year	Number of attendances during the year made by children who at the date of attendance were :			Total Attendance during the year	Medical Consultations	
			1953	1952	1951-48		Under 1 yr.	1 but under 2	2 but under 5		Under 1 year of age	Over 1 year of age
Elm Bank, Cleckheaton	4	112	91	89	75	255	1104	234	78	1416	234	58
Valley Road Clinic	4	116	96	90	67	253	1081	233	119	1433	315	119
Birkenshaw Clinic	4	46	43	58	52	153	845	310	80	1235	125	39
Scholes Clinic	1	24	24	32	14	70	210	133	18	361	47	24
Roberttown Clinic	1	33	24	23	19	66	186	82	30	298	61	32
Gomersal Clinic	2	40	34	41	15	90	398	182	22	602	60	15
TOTALS	16	371	312	333	242	887	3824	1174	347	5345	842	287

PROBLEM FAMILIES.

When we speak of problem families we mean those whose standard of living is much below the average, whose irresponsibility and neglect of the children are such that they require constant supervision. This difficult and often unpleasant task has been conscientiously carried out by the health visitors during the year. The work is usually unrewarding in so far as permanent improvement is concerned but there can be little doubt that in the absence of such supervision the position of many of these people, particularly the children would be gravely prejudiced. It is true to say that active physical cruelty is very rare and the predominant factors are sloth and neglect.

On register beginning 1953	...	...	...	...	20
Removed from district	...	...	...	...	—
Added to Register	...	...	...	...	—
Total on Register at end of 1953	...	...	...	...	20
Re-housed	...	...	...	...	1
Visits paid by Health Visitors	...	...	...	...	114
No. school children involved	...	...	...	...	71
No. pre-school children involved	...	...	...	...	19
No. babies born	...	...	...	...	1
No. stillbirths	...	...	...	...	1

HOME HELP SERVICE.

Once again a further expansion took place in the Home Help Service during the year. Compared with last year 24 more cases received help and 7,000 more hours were worked in providing help. It is noticeable too that the types of cases helped are more and more the chronic sick and infirm, which is as it should be. These are often very long term cases and there is no doubt that the Home Help Scheme has done and is doing a very great deal to improve the lot of a considerable proportion of elderly people in the community. Indeed, in a good number of cases it would be quite impossible for some of these people to remain at home in the absence of such a Service. The people of Spennborough are not lacking in the good neighbour spirit but it is easy to make too great demands on good neighbours and on relatives, and I would say that rather than replacing this voluntary effort the Home Help Service is bolstering it up and encouraging its continuance.

During the year more than fifty Home Helps were employed on a part-time basis and we have been on the whole extremely fortunate in the qualities displayed by the majority of this staff. Where so many loopholes are bound to exist it is surprising there have been so few complaints and much of the credit for this must go to Nurse Day, the Senior Health Visitor, who is largely responsible for the detailed arrangements which are made.

The following figures show the number and types of cases provided with Home Help in the Spenborough area during the year, the total hours worked at the various types of cases and the allocation of these hours on a percentage basis :

Reason for Provision	No. of Cases	Hours worked	Percentage
Maternity	35	2703	7.6
Tuberculosis	1	149	0.4
Chronic Sick & Infirm	151	24583	69.0
Others	55	8183	23.0
Totals ...	242	35618	100

DAY NURSERIES.

Details are given of the numbers of children dealt with at the Day Nursery during the year. Priority of admission is given to the following classes :—

The young child whose mother is ill or having a baby.

The illegitimate child whose mother is seeking work.

Children of parents who cannot find suitable homes or are living in overcrowded and/or insanitary dwellings.

The young child of the widow who must educate and support the family unassisted, and also the young child of the mother whose husband is ill.

The child whose mother is engaged in the Textile Industry.

In other words the Nursery is used as far as possible to alleviate social distress, and in a few cases, to benefit the child where it is felt that for one reason or another it is not receiving adequate care and attention in the home. Although there are substantial numbers remaining on the waiting list for admission it is not felt that undue hardship is being caused in any case where it has not been possible to admit the child. Adequate and well balanced diets are supplied in the meals provided, and additional nutrition is supplied in the form of milk and vitamins.

Towards the end of the year the County Council intimated a change of their policy in regard to Day Nurseries. Bluntly this was to the effect that admission of children to Day Nurseries would only be allowed where there exist health grounds either in the parents or their children for such admission and only where not more than one parent was in employment. Strict interpretation of this decision would obviously mean a great reduction in the number of children permitted to be admitted and the future existence of the Moorend Day Nursery is obviously in jeopardy.

No. of approved places for children 0-2 years	...	...	15
No. of approved places for children 2-5 years	...	...	25
No. of children on register at 31st December, 0-2 years			15
No. of children on register at 31st December, 2-5 years			25
No. of attendances 0-2 years	...	...	2547
Average daily attendance 0-2 years	...	...	10
No. of attendances 2-5 years	...	...	4983
Average daily attendance 2-5 years	...	...	20
No. of days nursery open	...	...	249

CONVALESCENT HOME TREATMENT.

Under Section 28 of the National Health Service Act, 1946, the County Council is empowered to provide convalescent home treatment. General Practitioners recommend those who are in need of this service and during the year 16 Spenborough residents were admitted to the following Homes :—

Hunstanton Convalescent Home	...	...	3
Grange-over-Sands	...	...	3
Rockfield Convalescent Home, St. Annes	...	...	2
West Hill Convalescent Home, Southport	...	...	3
Men's Convalescent Home, Rhyl	...	...	2
Blackburn & District Convalescent Home, St. Annes	...	...	1
Taxal Edge Convalescent Home, Whaley Bridge	...	...	1
Craig Convalescent Home, Bare, Morecambe	...	...	1

SCHOOL HEALTH SERVICE.

The following section shows statistically something of the amount of work carried out in connection with the supervision and care of the health of the school children in Spenborough, and records some of the facts observed.

The general physical condition of children has improved so strikingly during the past fifty years that the problems confronting us now are not so much those requiring correction in the mass as an infinite variety in small numbers of individual problems. Even the problem of louse infestation appears greater than it is. There are comparatively few persistent offenders, the reservoir of infection in these cases usually being in the home rather than in the school. In the majority of the instances of infestation detected it is of recent and minimal nature and even if undetected would probably have yielded to the routine home care of the parents. Of the individual problems the assessment, disposal and supervision of the handicapped child is perhaps the most important aspect of school medicine. This is indeed rewarding and interesting work and will inevitably progress still further as new discoveries arise and facilities for specialised education become more readily available.

Among the most difficult cases to deal with are those of what for want of a better term, I can only describe as parental mismanagement. This on its own produces all degrees of difficulty for the child from the babyish illmannered pest through the unhappy and frustrated to the frankly maladjusted and delinquent. Over indulgence and over affection produce more trouble and are much more common than undue strictness. There is seldom a completely happy atmosphere in the home where there is no discipline and where respect for the rights and possessions of others are not inculcated from an early age. While it is only the most marked cases which at present reach the child guidance clinic its benefit is great, and there is unhappily obvious need of the extension of this service and perhaps also for even more emphasis on this type of work in the training of health visitors.

On the question of health education it is surely logical to believe that basic instruction in the precepts of healthy living and good parentcraft should be taught systematically during school life. After the pupil leaves school this important education too often depends on the magazine press, relatives, parents, and acquaintances who are not always, one might almost say seldom, in a position to impart sound advice in an objective and acceptable manner. The lectures which the health visitors give to senior girls at the Secondary Modern School have continued during the year, and I have included in the report the draft syllabus upon which they work. Several parents have expressed their appreciation of this work, and I believe it to be well worth while. I think that in this regard time will bring extension also.

For the rest the value of the school medical service can scarcely be doubted. I am among those, who believe that because of the improved physical conditions, the provisions of the Welfare State and the implications of the social advancement which has taken place in the community, new techniques could well be tried in regard to the routine Medical Inspections and the general supervision of the health of individual school populations. These, however, are matters of controversy and I express a personal view.

Total number of children examined at Routine Medical Inspections.

Entrants	...	...	...	...	...	...	672
Intermediates	...	...	...	...	...	...	401
Leavers	...	...	...	...	...	...	240
Total							1313

Total number of children who have been re-examined for follow-up defects 216

Standards of physical development classified into age groups :—

Age Group	Physical Condition Above Average	Physical Condition Average	Physical Condition Poor
Entrants	274	393	5
Intermediates	172	227	2
Leavers	123	114	3
Totals	569	734	10

Percentages.

Age Group	Physical Condition Above Average	Physical Condition Average	Physical Condition Poor
Entrants	40·8	58·5	0·7
Intermediates	42·9	56·6	0·5
Leavers	51·2	47·5	1·3
Totals	43·4	55·9	0·7

During the year 108 free issues of dietary supplements in the form of iron tonics were made to school children where recommended by the School Medical Officer.

The following table shows the number and type of defects discovered at the Routine School Medical Inspections classified according to age groups :—

Defects Table.

Defects	Recommended for Treatment			Recommended for Observation			Totals
	Entrants	Inter-mediate	Leavers	Entrants	Inter-mediate	Leavers	
Skin	13	9	9	2	2	—	35
Ears :							
(a) Hearing ...	—	—	—	2	—	—	2
(b) Otitis Media	3	1	—	1	—	—	5
(c) Other ...	—	—	—	—	1	—	1
Nose and Throat	27	—	—	53	5	—	85
Speech	6	1	—	5	2	—	14
Cervical Glands ...	5	1	—	25	3	—	34
Heart and							
Circulation ...	1	4	1	7	4	—	17
Lungs	2	—	3	10	3	1	19
Developmental :							
(a) Hernia ...	—	—	—	1	—	—	1
(b) Other ...	—	—	—	7	—	—	7
Orthopaedic :							
(a) Posture ...	2	5	—	3	—	1	11
(b) Flat foot ...	4	2	7	1	—	—	14
(c) Other ...	34	14	11	12	1	—	72
Other Defects ...	40	20	22	7	9	2	100
Nervous System :							
(a) Epilepsy	—	—	1	—	—	1	2
(b) Other	4	—	—	8	—	1	13
Psychological							
(a) Development	—	—	—	5	1	—	6
(b) Stability	3	1	—	8	2	2	16
Totals ...	144	58	54	157	33	8	454

SPECIAL EXAMINATIONS.

In accordance with the requirements of the Education Act, 1944, a number of children have been referred by the Education Authority which has necessitated the arrangement of special examinations. During the year 49 children were examined involving 63 examinations altogether. The following recommendations for special education were made :—

Education in a School for Spastics	3
,, ,, School for Physically Handicapped	1
,, ,, Open Air School	1
,, ,, School for Educationally Subnormal Pupils	7
,, by Home Tutor	1
,, in a Special Class in Ordinary School	4
,, ,, School for the Deaf	1
,, ,, School for the Partially Sighted	1
Reported to Local Authority for the purposes of the Mental Deficiency Acts	2

During the year the following admissions to special schools were made :—

Open Air School	2
School for Educationally Sub-normal Pupils	2
School for Physically Handicapped	1
Hostel for Maladjusted Children	2
School for the Deaf	2

During the year the following discharges from special schools were made :—

Open Air School	2
School for Educationally Subnormal Pupils	1
School for Physically Handicapped	2
Hostel for Maladjusted children	1
Long Stay Convalescent Home	1

The following table shows the number of children from Spensborough receiving, and those awaiting, education in special schools at 31st December, 1953 :—

Type of School	No. of children receiving special education	No. of children awaiting special education
School for physically handicapped	3	—
School for the deaf	4	—
School for Educationally subnormal	7	12
Hostel for maladjusted children	2	—
School for the blind	2	—
Open air school for delicate pupils	1	1
Home Tuition	2	—
Epileptic Colony	1	—
School for Spastics	—	3

DENTAL INSPECTION AND TREATMENT OF SCHOOL CHILDREN.

I am indebted to Mr. H. Taylor, the Dental Officer at Elm Bank, for supplying me with the following figures relating to dental inspection and treatment in the schools of Spenborough during the year.

Routine Inspections	...	...	...	4350
Offered treatment	...	...	...	2113
Re-inspections	...	...	...	521
Offered treatment	...	...	...	309
Non-routine inspections	...	...	...	77
Offered treatment	...	...	...	77
Half-days spent carrying out inspections				27
Half-days spent carrying out treatment...				466
Children treated	...	...	...	2110
Attendances	...	...	...	3295

Anaesthetics.

Local	...	...	...	...	718
General	...	...	...	...	622

Extractions.

Temporary teeth	...	...	...	2537
Permanent teeth :				
Septic	...	...	...	289
For Orthodontia	...	...	...	78

Fillings.

Temporary teeth...	...	...	...	134
Permanent teeth...	...	...	...	1971
Temporary other treatments	...	...	...	56
Root fillings	...	...	...	6
Scaling and gum treatment	...	...	...	93
Crowns, inlays, etc.	...	...	...	21
Dentures	...	...	...	3

Orthodontic Cases.

No. of patients	...	...	...	64
No. of attendances	...	...	...	332

EYES.

The eyes of all children attending school are tested at school by the school nurses each year, and those whose vision is worse than 6/9 Snellin in one eye are referred for further examination by the Ophthalmologist who attends the clinic at Elm Bank twice weekly. This ensures the quick treatment of defective vision and has its preventive aspect in the preservation of good eyesight. During the year there has been no delay in the provision of spectacles.

The following statistics give details of the cases examined :—

Number of children examined for the first time	...	...	...	...	176
Number of re-examinations	...	...	...	...	701
Total number of attendances	...	...	...	...	877
Number of sessions held during the year	...	...	...	...	69
Number for whom spectacles were prescribed	...	...	...	...	264
Number referred for other treatment	...	...	...	...	130

MINOR AILMENTS

Minor ailments are treated by the nurses both at the clinics and in the schools. The following table gives details of such treatments during 1953 :—

Minor Ailment	No. treated
Skin :	
Ringworm—body	1
Scabies	9
Impetigo	76
Other skin diseases	121
Eye Disease :	
(External and other, but excluding squint, errors of refraction and cases admitted to hospital).	62
Ear Defects :	
Otitis media	6
Otorrhoea	5
Other	4
Miscellaneous	1,650
(e.g., minor, injuries, bruises, sores, chilblains, etc.)	
Total	1,934
Total number of attendances at Authority's Minor Ailment Clinics	2,112

ULTRA VIOLET LIGHT CLINIC.

At the beginning of the year the Ultra Violet Light Clinic was transferred from Elm Bank to the Clinic at Valley Road, Littleton, and continued throughout the year. Cases attended twice weekly for an initial period of six weeks, after which they were re-examined by the doctor and the necessity for a continuation of treatment decided. The following table gives details of attendances and the types of cases treated :—

No. of sessions held weekly	...	...	...	2
No. of cases treated	...	...	...	126
No. of treatments	...	...	...	1378
Average number of attendances per session	...	...	...	16
Average length of course of treatment	...	...	...	6 weeks
No. on register at end of year	...	...	...	30
Details of cases treated :				
Debility following Whooping Cough	...	...	...	3
Anaemia and general debility	...	...	...	30
Debility following Measles	...	...	...	5
Chest complaints : (a) Bronchitis	...	...	...	19
(b) Bronchiectasis	...	...	...	2
(c) Asthma	...	...	...	6
(d) Frequent catarrhal colds	...	...	...	21
Chronic Catarrh	...	...	...	4
Enlarged cervical glands	...	...	...	5
Glandular Fever	...	...	...	1
Orthopaedic : (a) Knock Knee	...	...	...	1
(b) Poor Muscular development	...	...	...	7
Otorrhoea	...	...	...	3
Skin diseases : (a) Infantile eczema	...	...	...	2
(b) Alopecia	...	...	...	1
Psoriasis	...	...	...	4
Re-current Tonsillitis	...	...	...	3
Boils	...	...	...	8
				<hr/> 126 <hr/> <hr/>

SPEECH THERAPY.

The Speech Therapist continued to hold two half-day sessions every week at the Valley Road Clinic, Liversedge. Cases are referred to her mainly from the School Medical Inspections and by the Head-teachers of schools and I give below details of attendances at this Clinic.

Total number of sessions held during year ... 98

	Stammers	Speech Defects
Number of cases admitted for treatment during the year	2	22
Number of cases discharged during the year :		
(a) Speech normal	—	11
(b) Unsuitable for treatment	—	1
(c) Left School	1	1
(d) By reason of non-attendance	—	—
Number of cases awaiting treatment	6	
Number of visits made to Schools	13	
Number of home visits	1	
Number on register at 31st December, 1953	6	32

CONSULTANT PAEDIATRIC CLINIC.

Dr. M. F. G. Buchanan of the Department of Child Health, Leeds University, attended Elm Bank in a consultant capacity and during the year twenty-four sessions were held. Cases were referred to him both from the Assistant County Medical Officers and from general practitioners in the area.

I give below details of attendances and the types of cases seen :—

No. of sessions held during the year	24
No. of individual patients seen :	
(a) Pre-school children	4
(b) School children	62
Total number of attendances	124
No. of children admitted to hospital	16
Types of case seen :	
(a) Enuresis	34
(b) Obesity	8
(c) Heart Defects	3
(d) Epilepsy	2
(e) Cerebral palsy	2
(f) Chest defect	1
(g) Lung defect	5
(h) Miscellaneous	11
	— — —
Total	66
	= = =

PHYSIOTHERAPY.

The Physiotherapist continued to attend Elm Bank Clinic for two half-day sessions a week, and during the year 92 half-day sessions were held. The following table shows details of attendance and type and number of defects referred :—

No. of children on register 1st January, 1953	...	...	14
No. of children referred for treatment	...	...	31
Total number of attendances	...	...	625
Total number of treatments	...	...	675
No. of children discharged	...	...	18
No. of children on register 31st December, 1953	...	...	27

Defect.	Number.
Asthma	7
Bronchitis	2
Bronchiectasis	3
Posture	9
Flat feet	2
Kyphosis	5
Scoliosis	4
Breathing exercises	6
Postural and breathing	4
Torticollis	1
Cerebral Palsy	2
	<hr/>
	45

CHILD GUIDANCE CLINIC.

Dr. M. M. MacTaggart, the County Psychologist, continued to hold her clinic once a week at Ings Grove, Mirfield. Children attending this clinic come not only from Mirfield and Spenborough but also from neighbouring Divisions. The figures given below relate, however, only to children from Spenborough and Mirfield.

	Boys	Girls	Total
1. No. of new cases seen during year	4	6	10
2. No. of cases continuing attendance from previous year	—	8	8
3. Total number of cases seen during year	4	14	18
4. Total number of attendances made during the year for—			
(a) individual interview	12	29	41
(b) group therapy	3	100	103
5. No. of cases recommended for residential treatment in—			
(a) Hostel for Maladjusted Children	—	—	—
(b) E.S.N. Special School	—	—	—
(c) Other	—	1	1

6. No. of cases referred for psychiatric opinion—								
(a) child	...	...	...	...	...	—	—	—
(b) parent	...	...	...	...	...	—	—	—
7. No. of cases examined at the particular request of the Magistrates	...	...	...	...	...	—	—	—
8. Types of problem for which cases were referred to Child Guidance Clinic—								
(a) Behaviour	...	...	...	...	...	2	10	12
(b) Delinquency	...	...	...	...	...	1	—	1
(c) Nervous problems	...	...	...	...	...	1	3	4
(d) Enuresis	...	...	...	...	...	—	—	—

CHIROPODY.

The chiropodist continued to hold two half-day sessions a week one at Elm Bank Clinic and one at Valley Road Clinic and during the year 97 half-day sessions were held, at which 324 individual patients were treated. These patients received a total of 1,324 treatments. The following table gives the types and numbers of treatments given :—

Defects	Numbers	Defects	Numbers
Hallux Valgus	... 38	Chilblains	... 20
Hammer Toes	... 30	Underlying/Overlapping	
Pes Cavis	... 7	Toes	... 68
Corns and Callus	... 32	Verrucae Pedis	... 86
Nail Conditions	... 46	Metatarsalgia	... 10
Weak Foot	... 31		

ORTHOPAEDIC CLINIC

During the year children requiring the advice of an Orthopaedic Surgeon were referred either to the Out-Patient Department at Staincliffe Hospital or to the Ellison Clinic. Details of cases attending during the year are as follows :—

New cases referred during the year	...	...	...	17
Number attending for re-examination	...	...	...	31
Total attendances	...	...	...	53
Number receiving treatment	...	...	...	46

CLEANLINESS INSPECTIONS.

Three routine cleanliness inspections were carried out at each school by the school nurses and a total of 12,111 inspections and re-inspections were carried out. 564 individual children were reported to be unsatisfactory on 1,044 occasions, but it should be pointed out that in the majority of cases the degree of infestation is extremely light. No cleansing notices or orders under Sections 54(2) and 54(3) of the Education Act, 1944 were issued.

HEALTH TALKS GIVEN TO SENIOR GIRLS AT THE SECONDARY MODERN SCHOOLS.

The syllabus deals in the main with physiology and development, life experiences and fundamental health principles in the period from conception to adolescence.

The Objectives.

1. To train the girls to take an intelligent and informed interest in the everyday matters pertaining to health which are familiar to most of them, *e.g.*, in diet, personal hygiene, exercise, rest and clothing.
2. To instruct them in basic health principles relating to the care of infants and young children and their day to day management, to give them interest in the management and development of others within their own homes or neighbourhood, and as some slight preparation for future motherhood.
3. To impart knowledge of the physiological changes concerned with menstruation and conception and their significance. Personal care during these incidents.
4. To indicate common causes of illness in infancy and childhood. The significance of such illness and measures taken for prevention.
5. Incidence and types of accidents in the home, their causes, methods of prevention and minor first aid treatment.
6. To impart knowledge concerning Health Services available to the public.

First Term :

1. Introduction to Parentcraft. What makes good parents and homes. Explain briefly the scope of the talks to the girls. Elementary facts about babies and their normal development.
- 2.) How to dress a baby—Demonstrate dressing and undressing.
- 3.) Layette—types of garments. Show good and bad clothing. Washing woollies and napkins.
Show samples of different types of materials used for making baby clothes and discuss briefly the advantages and disadvantages of each.
- 4) How to bath a baby. Talk and demonstrate.
- 5.) Why we wash baby's head and face first—Emphasise that baby's mouth does not need washing. Special emphasis on drying the creases—powder not necessary.
Correct way to make up baby's cot—position in bedroom. Why baby should not sleep with parents.

6. The feeding of a baby—particular reference to breast feeding—make girls realise that breast feeding must be really tried before any other food is thought of—Right and wrong places to seek advice.
Advantages of Health Visitors and Infant Welfare Clinics.
7. Preparation for breast feeding and Ante-Natal Care.
Health of the mother—clothing, food, fresh air, rest, sleep and exercise.
Advantages of Ante-Natal Clinics and Ante-Natal classes.
8. Menstruation and Female reproductive organs. Why girls have a menstrual period and what really happens when menstruation takes place. Hygiene of menstruation.
Bathing, etc., during a period—need of cleanliness.
9. Male reproductive organs. Where the male sperm cell is made. Life begins from the union of a male and female egg cell. Brief explanation to girls—pointing out that intercourse must only take place after marriage. Sanctity of human body.
- 10) Growth of the baby in the uterus and the birth of the baby.
- 11) Film strip “Human reproduction.”
Discussion with girls.
For the rest of the term revise previous lectures—quizzing, etc.

Second Term.

1. Revise briefly the early development of the baby up to six months. Discuss the general management of the child—Regular hours—Use of prams—Rest for mother during the day. Walks in country not towns. Play before evening meal. Precautions against accidents.
- 2) How to maintain a child's health.
- 3) Fresh air. Sunlight. Rest and sleep.
- 4) Cleanliness. Exercise. Excretion.
5. Weaning—mention bottle feeding, cleanliness in preparing feeds, care of teats and bottles.
Dummy.
- 6) Illnesses which young babies may have.
- 7) Teething troubles. Gastro-enteritis.
Stomatitis. Colds. Bronchitis. Pneumonia.
9. Vaccination and Immunisation.
Smallpox. Diphtheria. Whooping Cough.

10. Development of a child up to 5 years.
Teeth. Speech. Mental and Physical development.
Toys. Diet. Deficiency diseases.
11. Clothing for toddlers. Winter and Summer.
Show good and bad clothes and shoes.
12. Habit and character training.
13. General revision of the term's work.

Third Term.

1. Starting school and School Medical Services.
School Medical Inspections.
Services the school medical services can offer under the Education Act.
- 2) Infection and how it is carried.
- 3) Diseases school children are likely to develop.
Colds. Measles German Measles. Chicken Pox.
Mumps. Whooping Cough. Scarlet Fever. Tonsillitis.
Brief description of the early signs and symptoms of these diseases and the general nursing care.
- 4) How to keep a school child healthy.
- 5) Clothing. Exercise. Fresh Air, etc.
- 6) Care of Skin (Impetigo. Heat spots. Acne).
 ,, Teeth (Illustrate with demonstration material from Clinic.).
 ,, Hair (Infestation. D.D.T. and Sacker comb).
 ,, Feet (Shoes—corns, veruccae, etc.).
Rest and sleep.
- 7) How the Body works.
- 8) Skeleton.
- 9) Central nervous system.
Heart and circulation of blood.
Respiratory system.
Digestion of Food.
10. Nursing in the home and practical nursing hints.
- 11) Family medicine cupboard. What to do in an emergency.
- 12) Burns and scalds. Application of dressings. Bandaging.

The section of the work which follows, relating to the Sanitary Circumstances of the area and the work of the Sanitary Inspectors, has been compiled by Mr. J. F. TEMPLEMAN, Chief Sanitary Inspector.

FACTORIES ACT, 1937.

Factories (Mechanical and Non-Mechanical)

There are 367 factories in the area. Of these 268 are factories with mechanical power and 99 without. 141 inspections and revisits were made to these premises and the following improvements were carried out :—

Improvements.

Defective Drainage	2
Dirty conveniences cleansed	7
Provision of and Repairs to W.C. seats, doors and floors ...	1
Fastenings provided to doors of W.C. compartments ...	2
Lack of intervening ventilated space to W.C. compartments	1
Marking of compartment doors	7

Outworkers.

4 persons in the district were notified to the Department during the year. Of these 3 were engaged in making apparel for firms outside the area, and 1 was engaged in manufacture of endless bands for a local firm.

INSPECTION AND SUPERVISION OF FOOD.

A. SALE OF MILK.

1. The Milk and Dairies Regulations, 1949.

Distributors of Milk residing in the area	59
Distributors of Milk residing outside the area	15

(a) *The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949.*

Dealers' Licences to sell Pasteurised Milk	28
Supplementary Licences to sell Pasteurised Milk ...	11
Dealers' Licences to sell Sterilised Milk	63
Supplementary Licences to sell Sterilised Milk ...	3

(b) *The Milk (Special Designation) (Raw Milk) Regulations, 1949.*

Dealers' Licences to sell Tuberculin Tested Milk ...	26
Supplementary Licences to sell Tuberculin Tested Milk	12

2. The Milk and Dairies Regulations, 1949.

Details of work carried out :—

Name on Vehicles	1
Protection of Milk from Contamination	10
	<hr/>
	11
	<hr/>

3. Milk Sampling.

The following tables show the number and results of samples taken by the Department :—

	Satisfactory	Unsatisfactory	Total
Accredited	15	9	24
Pasteurised	31	2	33
Tuberculin Tested	46	1	47
Tuberculin Tested (Pasteurised)	17	0	17
Raw Milk	53	9	62
Sterilised	7	0	7
	<hr/>	<hr/>	<hr/>
	169	21	190
	<hr/>	<hr/>	<hr/>

4. Examination for Bacillus Tuberculosis.

During the year 58 samples of milk were submitted by the Department for examination for tuberculosis. Of these 57 were negative and 1 was positive.

B. MEAT INSPECTION.

The following table shows the number of animals slaughtered at the Public Abattoir, Liversedge. One Inspector is employed full-time at the Abattoir to ensure 100% inspection :—

Month	Beasts	Sheep	Pigs	Calves	Goats	Total
January ...	291	1204	396	49	—	1940
February ...	189	1123	243	4	—	1559
March ...	294	1233	438	32	—	1997
April ...	388	1226	605	13	—	2232
May ...	295	510	558	5	—	1368
June ...	125	1812	291	5	—	2233
July ...	391	1285	277	2	—	1955
August ...	560	1747	254	81	—	2642
September ...	770	2400	464	200	—	3834
October ...	495	2304	459	176	—	3434
November ...	441	1650	586	286	—	2963
December ...	343	1231	572	111	—	2257
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	4582	17725	5143	964	—	28414
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

Carcases Inspected and Condemned.

	Cattle	Cows	Calves	Sheep and Lambs	Pigs
Number killed	3474	1108	964	17725	5143
Number inspected	3474	1108	964	17725	5143
All diseases except T.B.					
Whole carcases condemned	—	1	—	—	1
Carcases of which some part or organ was condemned	1213	590	12	937	631
Percentage of the number in- spected affected with diseases other than T.B.	34·9%	53·3%	1·2%	5·3%	12·3%
Tuberculosis only.					
Whole carcases condemned	5	31	1	—	—
Carcases of which some part or organ was condemned	222	261	—	—	99
Percentage of the number in- spected affected with Tuber- culosis	6·5%	26·4%	0·1%	—	1·9%

32 whole cow carcases were condemned as against 23 in 1952.
The percentage for Tuberculosis in Cows fell by 9·1%.

Total weight of meat condemned during the year was :—

	Tons	cwts.	qrs.	lbs
Tuberculosis	21	11	3	27
Other diseases	13	7	1	16
	34	19	1	15

Slaughter of Animals Act, 1933.

25 licences are granted for the purpose of slaughtering or stunning animals in a slaughterhouse or knackersyard.

At the end of the year it was evident that the Government's intention was to end the control of meat and livestock and to return to a free market. In conjunction with this policy a new Slaughterhouse Bill was under consideration. With the proposed return to private slaughtering the Committee will have to consider implementing their resolution passed in November 1945 declaring their policy to be the closure of all private slaughterhouses within the district. Consideration will also have to be given to improvements in facilities at the Public Abattoir.

C. INSPECTION OF OTHER FOODS.

(a) The following unsound food was inspected and condemned during the year :—

					lbs.
Canned Tomatoes	...	...	...	...	62 $\frac{1}{2}$
Canned Jams	...	...	...	...	10
Canned Meats	...	...	...	...	337 $\frac{3}{4}$
Canned Ham	...	...	...	...	1122 $\frac{1}{2}$
Canned Fish	...	...	...	...	35
Canned Stew	...	...	...	...	7 $\frac{1}{2}$
Canned Pork	...	...	...	...	57 $\frac{1}{2}$
Canned Sausages	...	...	...	...	12
Canned Rabbit	...	...	...	...	3
Canned Chicken	...	...	...	...	32 $\frac{1}{2}$
Canned Tongue	...	...	...	...	170 $\frac{3}{4}$
Canned Cream	...	...	...	...	2 $\frac{1}{2}$
Canned Beans	...	...	...	...	141
Canned Peas	...	...	...	...	128 $\frac{3}{4}$
Canned Vegetables	...	...	...	...	31
Canned Fruit	...	...	...	...	642 $\frac{3}{4}$
Canned Milk	...	...	...	...	517 $\frac{1}{4}$
Canned Soup	...	...	...	...	80
Sandwich Paste	...	...	...	...	$\frac{1}{2}$
Pickles	...	...	...	...	42 $\frac{1}{2}$
Semolina	...	...	...	...	4
Coffee	...	...	...	...	$\frac{1}{4}$
Bacon	...	...	...	...	75 $\frac{1}{4}$
Eggs	...	...	...	...	85 $\frac{1}{2}$
					<hr/>
					3441 $\frac{1}{4}$
					<hr/>

1 Ton 10 Cwt. 2 Qrs. 25 $\frac{1}{4}$ lbs.

(b) 18 samples of ice cream were submitted for bacteriological examination. These were graded as follows :—

Grade 1	13	Satisfactory
Grade 2	2	Satisfactory
Grade 3	3	Doubtful
Grade 4	0	Unsatisfactory

No difficulties were encountered during the year. The sample results are satisfactory.

D. INSPECTION OF FOOD PREMISES.

The following table shows the number of food preparing premises registered in the area :—

Bakehouses	...	...	...	...	...	...	18
Fish Frying	...	...	...	...	...	...	52
Ice Cream Manufacturing	...	...	...	...	...	...	6
For the Sale of Ice Cream	...	...	...	...	...	...	94
Premises used for the preparation or manufacture of sausages, potted, pressed, pickled or preserved food intended for sale	...	...	...	...	...	...	33

10 premises were registered for the sale of pre-wrapped ice cream during the year. 2 premises were registered for the manufacture of preserved food intended for sale.

During the year 1,774 visits were made to premises where food is prepared for sale or sold. Informal notices were served for the following defects. These were complied with :—

Cleansing of premises	...	...	...	...	...	20
Cleansing of preparation room		...	...	...	...	2
Cleansing of equipment	...	...	...	...	...	2
Infringements of Food Byelaws		...	...	...	...	16
Provision of hot water supply		...	...	...	...	11
Defective floors	...	...	...	...	...	2
Defective walls	...	...	...	...	...	3
Defective ceiling	...	...	...	...	...	1
Provision of sinks	...	...	...	...	...	3
Provision of preparation tables		...	...	...	...	2
Repairs to window	...	...	...	...	...	1
Accumulations	...	...	...	...	...	4
						<hr/>
						67

The year under review has mainly been one of consolidation. Future legislation is foreshadowed in the Food and Drugs (Amendment) Bill now before Parliament. It is anticipated that new regulations will be introduced for food premises and catering establishments.

E. WATER SUPPLY.

The water supply in the area is satisfactory both in quantity and quality.

Number of dwelling houses supplied direct from main	...	12918
Number of population supplied direct from public water mains	...	36755
Number of dwelling houses supplied from public water mains by means of stand pipes	...	Nil
Number of population supplied from water mains by means of stand pipes	...	Nil

Sampling.

Bacteriological.			Chemical		
Satis- factory	Unsatis- factory	Total	Satis- factory	Unsatis- factory	Total
11	0	11	7	0	7

1 Bacteriological sample was taken from the Public Swimming Baths and was found to be satisfactory.

SANITARY INSPECTION OF DISTRICT.

T.B. Samples	...	...	...	...	...	...	54
Dairies	...	...	...	...	...	...	13
Milk Distributors	...	...	...	...	...	...	73
Milk Sampling	...	...	...	...	...	...	160
T.B. Order	...	...	...	...	...	...	6
Diseases of Animal Act	...	...	...	...	...	...	2
Water Sampling	...	...	...	...	...	...	14
Water Supply	...	...	...	...	...	...	22
Ice Cream Vendors	...	...	...	...	...	...	20
Ice Cream Shops	...	...	...	...	...	...	32
Ice Cream Sampling	...	...	...	...	...	...	15
Ice Cream Manufacturers	...	...	...	...	...	...	24
Bakehouses	...	...	...	...	...	...	49
Fish Friers	...	...	...	...	...	...	70
Food Preparing Premises	...	...	...	...	...	...	71
Canteens	...	...	...	...	...	...	17
Cafes and Restaurants	...	...	...	...	...	...	40
Butchers Shops	...	...	...	...	...	...	133
Food Shops	...	...	...	...	...	...	246
Food Handling Byelaws	...	...	...	...	...	...	120
Public Abattoir	...	...	...	...	...	...	497
Transport and Handling of Meat	...	...	...	...	...	...	7
Food Inspection	...	...	...	...	...	...	113
Food Poisoning Enquiries	...	...	...	...	...	...	14
Hawkers of Food	...	...	...	...	...	...	9
Public Houses	...	...	...	...	...	...	45
Housing Act	...	...	...	...	...	...	946
Housing Act Re-inspections	...	...	...	...	...	...	192
Overcrowding and points priority	...	...	...	...	...	...	51
Slum Clearance Survey	...	...	...	...	...	...	105
Public Health Act	...	...	...	...	...	...	1408
Public Health Act re-inspections	...	...	...	...	...	...	1070
Shops Act	...	...	...	...	...	...	102
Rag Flock Act	...	...	...	...	...	...	2
Prevention of damage by Pests Act	...	...	...	...	...	...	407
Pets Act	...	...	...	...	...	...	5
Hydrogen Cyanide Fumigation Regulations	...	...	...	...	...	...	2

Infectious Disease	...	...	...	...	...	...	212
Verminous and Unclean premises	...	...	...	...	...	...	322
Tents, Vans and Sheds	...	...	...	...	...	...	27
Drainage	...	...	...	...	...	...	705
Privy Midden Conversions	...	...	...	...	...	...	154
Atmospheric Pollution	...	...	...	...	...	...	356
Smoke Observations	...	...	...	...	...	...	90
Refuse Collection and Salvage	...	...	...	...	...	...	155
Controlled Tips	...	...	...	...	...	...	149
Factories	...	...	...	...	...	...	146
Outworkers	...	...	...	...	...	...	1
Fairground	...	...	...	...	...	...	28
Public Conveniences	...	...	...	...	...	...	243
Market	...	...	...	...	...	...	69
Offensive Trades	...	...	...	...	...	...	4
Offensive Accumulations	...	...	...	...	...	...	55
Air Raid Shelters	...	...	...	...	...	...	56
Noise Nuisances	...	...	...	...	...	...	11
Hairdressers	...	...	...	...	...	...	21
Schools	...	...	...	...	...	...	8
Interviews	...	...	...	...	...	...	844
Complaints	...	...	...	...	...	...	339
Miscellaneous	...	...	...	...	...	...	944
							<hr/> 11095 <hr/> <hr/>

**SUMMARY OF DEFECTS REMEDIED DURING 1953.
HOUSING ACT, 1936 and PUBLIC HEALTH ACT, 1936.**

Pointing of walls	...	...	...	...	...	...	18
Roofs	...	...	...	...	...	...	43
Chimney Stacks	...	...	...	...	...	...	8
Ranges, Flues and Fireplaces	...	...	...	...	...	...	9
Rainwater pipes and gutters repaired	...	...	...	...	...	...	70
Doors and windows	...	...	...	...	...	...	51
Defective wall plaster	...	...	...	...	...	...	17
Ceilings	...	...	...	...	...	...	15
Floors and stairs	...	...	...	...	...	...	6
Sinks and wastepipes	...	...	...	...	...	...	24
Water supplies improved	...	...	...	...	...	...	1
W.C. apparatus repaired	...	...	...	...	...	...	55
Drains cleansed and repaired	...	...	...	...	...	...	40
Cleansing of premises	...	...	...	...	...	...	3
Accumulation of refuse	...	...	...	...	...	...	16
New dustbins provided	...	...	...	...	...	...	131
W.C.'s Cleansed	...	...	...	...	...	...	6
Keeping of animals	...	...	...	...	...	...	2
Damp wall	...	...	...	...	...	...	12
Repair to Privies	...	...	...	...	...	...	13
Burning of noxious matter	...	...	...	...	...	...	1
							<hr/> 531 <hr/> <hr/>

HOUSING.

Number of New Houses erected during the year.

(a) Total, including numbers given separately under (b)	...	...	...	...	127
1. By the Local Authority	I. Permanent	...	...	...	106
	II. Temporary	...	...	...	Nil
2. By other Local Authorities	...	...	...	...	Nil
3. By other bodies or persons	...	...	...	...	21
(b) With State assistance under the Housing Acts :					
1. By the Local Authority	...	...	...	...	106
2. By other bodies or persons	...	...	...	...	Nil

1. Inspection of Dwellinghouses during the year.

(1) (a) Total number of dwellinghouses inspected for housing defects (under Public Health or Housing Acts)	...	...	...	...	...	781
(b) Number of inspections made for the purpose	...	...	...	...	...	2651
(2) (a) Number of dwellinghouses (included under sub-head (1) above) which were included and recorded under the Housing Consolidated Regulations, 1925 and 1932	...	...	...	...	...	Nil
(b) Number of inspections made for the purpose	...	...	...	...	...	Nil
(3) Number of dwellinghouses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	...	...	...	...	533
(4) Number of dwellinghouses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	...	...	...	...	...	248

2. Remedy of Defects during the year without Service of Formal Notices.

Number of defective dwellinghouses rendered fit in consequence of informal action by the Local Authority or their Officers	235
--	-----	-----	-----	-----	-----	-----

3. Action under Statutory Powers during the year.

(A) *Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936.*

(1) Number of dwellinghouses in respect of which notices were served requiring repairs	...	...	...	...	...	5
(2) Number of dwellinghouses which were rendered fit after service of formal notices :—						
(a) By Owners	...	...	...	...	...	3
(b) By Local Authority in default of owners	...	...	...	...	...	8
(including 6 from 1952 notices)						

(B) *Proceedings under Public Health Acts.*

(1) Number of dwellinghouses in respect of which notices were served requiring defects to be remedied ...	11
(2) Number of dwellinghouses in which defects were remedied after service of formal notices :—	
(a) by owners	9
(b) By Local Authority in default of owners (including 3 from 1952 notices)	5

(C) *Proceedings under Sections 11 and 13 of Housing Act, 1936.*

(1) Number of dwellinghouses in respect of which Demolition Orders were made	2
(2) Number of houses demolished in pursuance of Demolition Orders	Nil

The Council also accepted 9 undertaking from owners stating that they agreed not to re-let 9 houses for human habitation.

(D) *Proceedings under Section 12 of the Housing Act, 1936.*

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made ...	Nil
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit ...	Nil

(E) *Proceedings under section 25 of the Housing Act 1936.*

In November the Council made the Spenborough (Iron Street and Lime Street) Clearance Order 1953. The area comprised 23 houses with 48 occupants

4. Housing Act, 1936. Part IV. Overcrowding.

(a) (1) Number of dwellinghouses overcrowded at the end of the year	83
(2) Number of families living therein	124
(3) Number of persons dwelling therein	427
(b) (1) Number of new cases of overcrowding reported during the year	19
(c) (1) Number of cases of overcrowding relieved during the year	36
(2) Number of persons concerned in such cases ...	138½

The main problem confronting most local authorities is that of Slum Clearance. The Minister of Housing and Local Government has left us in no doubt that the whole problem of housing must be dealt with urgently. It is stressed that local authorities must deal not only with the worst type houses, but with those that can be improved and adapted.

The Housing 'Repairs and Rents' Bill was placed before Parliament in November 1953 and is expected to come into force in the summer of 1954. Provision is made for an increase in house rents provided certain conditions are fulfilled. Local Authorities are also required to furnish the Minister with proposals for the first five years in relation to the Council's total problem, information relating to the number of houses unfit for human habitation, the number capable of repair, and the period which the Local Authority think necessary for dealing with all the houses in those categories.

It will be evident that this will place some strain on the Health Department, and it is essential that the present staff be maintained as a minimum if the duties placed on the Department by the new Act are to be dealt with adequately. It is hoped that the Council will respond urgently to the Minister's appeal and that sufficient houses are made available to deal with the slum clearance problem.

CONVERSION OF PRIVY MIDDENS.

During the year the Health Committee continued the scheme of grant aid to persons desiring to convert privy middens to water closets. The following table shows the grants sanctioned during the year :—

Applications granted	Total			Council's			No. of Privy Middens	No. of W.C's.
	Estimated			Grant				
	Cost			Grant				
	£	s.	d.	£	s.	d.		
8	6	15	9	190	0	0	14	14

The number of privies converted during the year was 18. Since the beginning of the scheme the figures are as follows :—

Applications granted	Total			Council's			No. of Privy Middens	No. of W.C's.
	Estimated			Grant				
	Cost			Grant				
	£	s.	d.	£	s.	d.		
139	8982	4	1	3369	17	10	249	255

Up to the 31st December, the number of privies converted was 239.

REFUSE COLLECTION, REFUSE DISPOSAL AND SALVAGE.

A. Refuse Collection.

The collection service functioned well during the year and an efficient service was maintained. The Department was responsible for the collection of refuse from 13,746 premises.

B. Refuse Disposal.

Disposal of refuse by controlled tipping continued at the Football Field, East Bierley, and the Quarry, Hartshead. The Rodent operative regularly inspects both tips and carries out any poison baiting necessary. It is unlikely that the Quarry tip, Hartshead, will last longer than another nine or ten months, and new tip sites in the Liversedge area are urgently required.

C. Salvage.

In March the price of waste paper fell to £6 10s. 0d. per ton. The income from salvage is set out below in the costing return.

D. Public Cleansing Costing Return.

COST STATEMENT 1953/54.

Item	Particulars 1.	Collection 2.	Disposal 3.	Totals 4.
		£	£	£
1.	REVENUE ACCOUNT			
	Gross Expenditure :			
	(i) Labour	8955	1102	10057
	(ii) Transport	6297	347	6644
	(iii) Plant, equipment, land and buildings	152	88	240
	(iv) Other items (including £—— paid to other local authorities.) ...	—	—	—
	(v) Total gross expenditure	15404	1537	16941
2.	Gross Income (including £—— received from other author- ities)	89	1675	1764
3.	Net Cost	15315	Cr. 138	15177
4.	Capital expenditure met from revenue (included above)	—	—	—
		s. d.	s. d.	s. d.
5.	Unit Costs.			
	Gross cost per ton, labour only	16 10	2 1	18 11
6.	Gross cost per ton, transport only	11 10	8	12 6
7.	Net cost (all expenditure) per ton	28 10	Cr. 3	28 7
8.	Net cost per 1,000 population	£ 417	£ 4	£ 413
9.	Net cost per 1,000 premises ...	1114	Cr. 10	1104

Salvage and Trade Refuse. Analysis of income and tonnage.

					Income (Included in Item 2) £	Tonnage Collected Tons
Salvage :						
(a)	Kitchen Waste	...	...	...	—	—
(b)	Scrap Metal	...	...	...	66	13
(c)	Waste Paper	...	...	...	1524	234
(d)	Other Salvage	...	...	...	41	109
					—	—
(e)	...	...	...	...	1631	356
					—	—
Trade Refuse					133	147

VERMINOUS PREMISES.

During the year 3 Council Houses and 7 private houses were found to be infested with vermin. A total of 322 visits was made to verminous or unclean premises and to prospective Council House tenants.

Rodent Control.

During the year 1,288 visits were made with the following results :

1.	No. of properties inspected	...	...	...	...	374
2.	No. of rat infestations found—					
	Major	...	...	...	...	40
	Minor	...	...	...	...	232
	No. of mice infestations found	...	...	...	...	39
	Total number of infestations	...	...	...	...	311
3.	No. of properties treated by Local Authority	...	...	...	...	299
4.	No. of notices served to carry out treatment	...	...	...	...	1
5.	No. of notices served for structural alteration	...	...	...	...	10

Sewer Treatment.

A maintenance treatment against rats in the sewers was carried out in September and October, when 476 manholes were baited with sausage rusk and zinc phosphide. The method used was pre-baiting on consecutive days and poisoning on the third day. Of the 476 manholes pre-bait takes were recorded in 50. The remainder showed no pre-bait takes. Of the 50 takes 11 were complete pre-bait takes.

OFFENSIVE TRADES.

There are four offensive trades registered in the district.

One Tripe Boiler.

Two Soap Boilers.

One Fat Melter and Fat Extractor.

4 inspections were made and no nuisance found.

SMOKE ABATEMENT.

102 observations of 30 minutes' duration were taken during the year. Of these 8 were unsatisfactory.

Contraventions over permitted three minutes black smoke in 30 mins.

Up to 1 min.	1 to 2 mins.	2 to 3 mins.	3 to 4 mins.	4 to 5 mins.
4	2	1	0	0
More than 5 mins.				
1				

The instruments for the measurement of atmospheric pollution throughout the area are sited as follows :—

Site.	Apparatus.
Marsh Depot, Rawfolds, Cleckheaton	1 Deposit Gauge and 1 Lead Peroxide instrument.
Elm Bank, Cleckheaton	1 Automatic Smoke Filter.
North Bierley Hospital, Cleckheaton	1 Deposit Gauge—1 Lead Peroxide instrument.
High Rising, Gomersal	„ „
Millbridge Upper School	„ „
Liversedge Tennis Club	„ „

The following table shows the deposit throughout the area for each month of the year :—

		Total solids per square mile in tons				
		North Bierley	High Rising	Millbridge School	Tennis Club	Marsh Depot
January	...	5.3	5.4	6.63	5.57	8.76
February	...	7.77	12.33	8.61	8.79	13.81
March	...	11.62	8.76	13.71	9.65	14.59
April	...	11.19	14.95	14.25	10.86	18.06
May	...	9.28	6.22	11.67	9.94	12.57
June	...	11.85	10.60	12.73	11.90	12.33
July	...	11.29	10.86	17.43	10.93	21.06
August	...	6.09	8.36	6.49	4.01	12.87
September	...	8.76	7.71	9.78	8.23	16.07
October	...	8.72	7.28	9.68	7.64	12.36
November	...	7.8	8.76	9.48	7.87	11.59
December	...	11.69	10.74	15.05	10.80	12.90
Average	...	9.28	9.33	11.28	8.85	13.91

SHOPS ACT.

No. of shops	...	...	...	...	...	...	...	450
Food Shops	...	...	...	...	...	...	...	303
Other Shops	...	...	...	...	...	...	...	147

102 inspections were made during the year and 8 minor contraventions were found. These were complied with during the year.

PUBLIC CONVENIENCES.

The total accommodation provided is as follows :—

Females.	Males.
29 water closets.	19 water closets and urinal accommodation.

One workman is engaged full-time in cleaning these conveniences. The buildings are in the main, modern structures designed specifically for the purpose. It is necessary however to draw attention to the appalling amount of wanton damage done to doors, windows, fittings and lighting fixtures by irresponsible members of the public. During the year the Committee considered the report of the sub-committee appointed to investigate the extent of the repairs necessary to improve the conveniences. The Committee approved the Report and recommendations of the sub-committee as under :—

- (a) All essential repairs to be completed.
- (b) Improved natural lighting to be provided where necessary.
- (c) One insanitary convenience to be closed.
- (d) Three new public conveniences to be provided in Norristhorpe, East Bierley, and Hightown.

APPENDICES.

- A.** Vital Statistics of the Spenborough Urban District for 1944-1953.
- B.** Infantile and Maternal Mortality Rates and Stillbirth Rates of Spenborough for the past twenty years.
- C.** Notifications of Infectious Disease in Spenborough Urban District, 1930-1953.
- D.** Adoptive Acts in force in the District.
Byelaws in force in the District.
- E.** Clinic and Treatment Centres.
- F.** Staff of the Health Department.

VITAL STATISTICS OF THE SPENBOROUGH URBAN DISTRICT FOR 1944-53.

Year	Popu- lation estimated to middle of each year	Births		Total Deaths registered in the District		Trans- ferable Deaths of residents not registered in the District	Trans- ferable Deaths of non- residents registered in the District	Net Deaths belonging to the District		
								Under 1 year	At all ages	Rate
		Number	Rate	Number	Rate			Number	Rate per 1000 births	Number
1944	34040	585	17.2	329	9.5	6	143	28	47.9	466
1945	33780	471	13.9	312	9.2	8	124	22	46.7	428
1946	35400	646	18.2	348	9.8	12	184	35	54.2	520
1947	35930	756	21.0	298	8.3	5	154	23	30.4	447
1948	36640	646	17.6	322	8.8	4	145	27	41.6	463
1949	36760	579	15.7	368	9.8	11	152	25	43.0	509
1950	37030	543	14.7	407	10.9	22	139	14	25.8	524
1951	36840	503	13.6	425	11.5	27	139	16	31.8	537
1952	36860	551	14.8	397	10.8	28	155	15	27.2	524
1953	36760	507	13.8	394	10.7	12	109	13	25.6	491

Area of District in Acres (Land and Inland Water) ... 8253
Total Population at all ages (Census 1951) ... 36977
Estimated Population by Registrar General (Mid. 1953) ... 36760
Number of Inhabited Houses ... 12920

APPENDIX B.

**INFANT AND MATERNAL MORTALITY RATES AND STILLBIRTH
RATES OF SPENBOROUGH FOR THE PAST TWENTY YEARS.**

Year	Births	Infants		Mothers		Stillbirths	
		Deaths	Rate	Deaths	Rate	Number	Rate
1934	338	16	47	Nil	—	19	53·2
1935	378	15	39	2	7·9	20	50·3
1936	374	26	70	Nil	—	28	69·6
1937	400	38	93	5	12·2	16	39·0
1938	462	30	66	Nil	—	20	40·0
1939	484	18	37	Nil	—	19	38·1
1940	495	20	40·4	5	9·6	25	48·1
1941	496	19	38·3	2	3·8	18	35·0
1942	503	27	53·7	Nil	—	15	28·9
1943	472	16	33·9	2	4·0	22	44·5
1944	585	28	47·9	Nil	—	11	18·4
1945	471	22	46·7	1	2·1	14	28·0
1946	646	35	54·2	Nil	—	15	22·7
1947	756	23	30·4	Nil	—	26	33·2
1948	646	27	40·5	1	1·5	19	28·6
1949	579	25	43·0	Nil	—	15	25·2
1950	543	14	25·8	1	1·78	20	35·5
1951	503	16	31·8	Nil	—	15	29·0
1952	551	15	27·2	Nil	—	9	16·1
1953	507	13	25·6	Nil	—	11	21·2

APPENDIX C.

NOTIFICATIONS OF INFECTIOUS DISEASE in Spenborough Urban District, 1930-1953.

Year	Smallpox	Poliomyelitis and Polioencephalitis	Enteric Fever	Scarlet Fever	Diphtheria	Pneumonia	Cerebro-Spinal Fever	Erysipelas	Malaria	Puerperal Fever	Puerperal Pyrexia	Ophthalmia Neonatorum	Chicken Pox	Respiratory Tuberculosis	Other Tuberculosis	Measles	Whooping Cough	Other Diseases	Totals
1930	57		8	80	21	55		14		3	2	5	233	26	14			1	518
1931			3	83	28	101		6		2	4	1	45	20	11				302
1932			1	209	9	59		9		2	2	2	291	22	13				621
1933				111	59	60		6		1	2	1	57	32	7				335
1934				110	59	23		11		1	3	3	81	18	8			1	317
1935				119	71	34		8		1	1	6	83	5	12				340
1936				70	21	25		8		1	4	1	108	16	4				259
1937				65	21	37		5		2	1	3	182	20	7				341
1938				117	44	31		12		1	1	2	315	29	11			1	563
1939			3	51	25	20		17		3	3	3	100	15	4			15	256
1940			2	68	41	39		8		6	6	5	81	24	9		79	15	1273
1941			4	43	38	18		10		4	4	4	362	16	10		275		882
1942				180	27	30		3		2	2	1	155	19	14		99	9	979
1943				257	42	40		12		2	2	1	267	23	13		245	15	1438
1944				110	32	18	1	8	1		1	1	532	15	9		102		1026
1945				89	31	33	2	9	2				130	14	10		15	1	1050
1946				43	29	27	1	1	1			2	201	28	16		272	3	686
1947		9		27	4	20		4	1	1	1	3	215	23	17		137	1	879
1948				68	5	34		6	1				175	15	12		144	6	985
1949		15		44		30	2	14		1	1	1	145	25	10		151	5	595
1950		4		22		32	1	8		1			230	23	4		128	32	938
1951		6		37		68		6		1			471	16	14		219	10	1216
1952		2		68		18		11			3		147	20	4		146	9	626
1953		5		56		48		7					443	11	8		124	31	1502

APPENDIX D.

ADOPTIVE ACTS IN FORCE IN THE DISTRICT.

Statutes.	Date of coming into operation.
The Public Health Acts Amendment Act, 1907 (Sections 15, 16, 17, 18, 20, 21, 22, 28, 29, 30, 31, 32 and 33 and Part VI)	25th April 1912
The Public Health Acts Amendment Act, 1890 (Sections 34, 35, 37, 38, 39, 40, 42, 43, 44, 45 and 46)	1st April 1915
The Private Street Works Act 1892	1st April 1915
The Public Libraries Act 1892	1st April 1915
The Public Health Acts Amendment Act 1907 (Section 19)	22nd March 1921
The Public Health Act 1925 (Part II except Sections 15 and 20)	1st December 1926
The Public Health Acts Amendment Act 1907 (Section 95)	31st January 1927
The Public Health Acts Amendment Act 1907 (Section 86)	11th February 1952
West Riding County Council (General Powers) Act 1951 (Part IV—Section 36, Part V, Part VI, Part VII, Part VIII—Sections 75 and 76, Part XI, Part XII, Part XIV—Section 120)	1st April, 1953

BYELAWS IN FORCE IN THE DISTRICT.

Subject.	Date of Confirmation.
In operation within the whole of the Urban District :	
Building Byelaws	15th June 1939
Hackney Carriages	17th February 1948 (varied—7th Dec. 1951)
Handling, Wrapping and Delivery of Food	24th March 1950
The Prevention of Waste, Undue Consumption, Misuse or Contamination of Water	20th March 1952
Hairdressers and Barbers	1st May, 1953
In operation within the Urban District excluding Birkenhead, Hunsworth, and parts of Hartshead and Clifton :	
New Streets	15th March 1927
Public Slaughter Houses	7th March 1927
Wireless Apparatus	15th May 1930
Smoke Abatement	26th November 1928

CLINIC AND TREATMENT CENTRES.

APPENDIX E.

Name.	Situation.	When Open.
Child Welfare Clinic	Valley Road, Littleton, Liversedge ...	Tuesdays 2—4 p.m.
Do.	Old Lane Methodist Sunday School, Birkenshaw ...	Tuesdays 2—4 p.m.
Do.	Elm Bank, Cleckheaton ...	Wednesdays 2—4 p.m.
Do.	Temperance Hall, Scholes, Cleckheaton ...	2nd Thursday in the month 2—4 p.m.
Do.	Methodist Sunday School, Roberttown, Liversedge ...	3rd Thursday in the month 2—4 p.m.
Do.	Public Hall, Gomersal ...	Fridays (fortnightly) 2—4 p.m.
Combined Ante-Natal and Post-Natal Clinics	Valley Road, Littleton, Liversedge ...	Mondays 2—4 p.m.
Do.	Old Lane Methodist Sunday School, Birkenshaw ...	Wednesday 2—4 p.m.
Do.	Elm Bank, Cleckheaton ...	Thursday 2—4 p.m.
Ultra Violet Light Clinic	Valley Road, Littleton, Liversedge ...	Tuesdays 9.30 a.m.—12 noon
Do.	Valley Road, Littleton, Liversedge ...	Saturdays 9.30—11.30 a.m.
School Clinic	Elm Bank, Cleckheaton ...	Mondays 9.30 a.m.—11.30 a.m.
Paediatric Clinic	Elm Bank, Cleckheaton ...	Mondays (fortnightly) 9 a.m.—12 noon
Ophthalmic Clinic	Elm Bank, Cleckheaton ...	Mondays 1 p.m.—4 p.m.
Do.	Elm Bank, Cleckheaton ...	Tuesdays 1 p.m.—4 p.m.
Chiropody Clinic	Elm Bank, Cleckheaton ...	Thursdays 9 a.m.—12 noon
Do.	Valley Road, Littleton, Liversedge ...	Fridays 1.30—4 p.m.
Speech Therapy Clinic	Valley Road, Littleton, Liversedge ...	Thursdays 10 a.m.—12 noon and 1 p.m.—4 p.m.
Physiotherapy Clinic	Elm Bank, Cleckheaton ...	Fridays 9 a.m.—12 noon and 2 p.m.—4 p.m.
Dental Clinic	Elm Bank, Cleckheaton ...	Daily by appointment
Chest Clinic	Knowler Hill, Liversedge...	Fridays 10 a.m.—12 noon
Young Mothers' Club	Elm Bank, Cleckheaton ...	Wednesdays (fortnightly) 7.30 p.m.
Old People's Chiropody Clinic	Elm Bank, Cleckheaton ...	Tuesday 1.30 p.m.—4 p.m.
(Run by Spenborough Old People's Welfare Committee)		
Family Planning Clinic (Run by Spenborough and District Family Planning Association)	Valley Road, Littleton, Liversedge ...	Mondays 6.30 p.m.

STAFF OF THE HEALTH DEPARTMENT

Medical Staff.

WILLIAM M. DOUGLAS, M.B., Ch.B., D.P.H.
 Medical Officer of Health.
 Divisional Medical Officer.

Sanitary Inspector's Staff.

J. F. TEMPLEMAN, A.M.Inst.P.C., M.S.I.A., Chief Sanitary Inspector, Cleansing Officer and Market Superintendent. Testamur of the Institute of Public Cleansing. Certificate of the Royal Sanitary Institute for the Inspection of Meat and Other Foods.

Additional Sanitary Inspectors.

J. MURDOCH, A.M., Inst. P.C., M.S.I.A., Certificate of the Royal Sanitary Institute and Sanitary Inspector's Joint Board. Testamur of the Institute of Public Cleansing. Certificate of the Royal Sanitary Institute for the Inspection of Meat and Other Foods. Certificate of the Royal Sanitary Institute for Smoke Inspection.

G. M. GILMORE, A.R.San.I., M.S.I.A., Sanitary Inspector's Certificate of the Royal Sanitary Institute.

C. KELLY, M.S.I.A., Certificate of the Royal Sanitary Institute and Sanitary Inspector's Joint Board. Certificate of the Royal Sanitary Institute for the Inspection of Meat and Other Foods. (Commenced 2nd January 1953).

R. FARNWORTH, Certificate of the Royal Sanitary Institute and Sanitary Inspector's Joint Board. (Commenced 4th January 1953).

J. R. HARRIS, Clerk, Sanitary Inspector's Section. (Commenced 11th May 1953).

Medical Staff.

ELEANOR M. WHITEHEAD, M.B., Ch.B., Assistant County Medical Officer.

NORMA M. TATTERSFIELD, M.B., Ch.B., D.C.H., Assistant County Medical Officer. (Resigned 19th December 1953).

MARGARET M. BREARLEY, M.B., Ch.B., Assistant County Medical Officer. (Commenced 30th November 1953).

Clerical Staff.

Mr. P. MARSHALL, D.P.A., Chief Clerk.

Mr. H. R. COX.

Miss G. M. HARTLEY

Miss M. POPPLEWELL.

Mrs. D. M. ROBINSON.

Mrs. V. THEWLIS.

Mrs. J. M. TOULSON.

Health Visitors (Part-time School Nurses).

- Miss D. DAY, S.R.N., S.C.M., H.V. Cert. of R.S.I., Senior Health Visitor.
Mrs. D. PICKUP, S.R.N., S.C.M., H.V. Cert. of R.S.I.
Mrs. M. RAYNER, S.R.N., S.C.M., H.V. Cert. of R.S.I.
Miss M. HARTLEY, S.R.N., S.C.M., H.V. Cert. of R.S.I. *
Miss M. GREENHOUGH, S.R.N., S.C.M., H.V. Cert. of R.S.I.
Miss L. WILLOUGHBY, D.N., S.R.N., S.C.M., H.V. Cert. of R.S.I.
Miss M. J. TRENBATH, S.R.N., S.C.M., H.V. Cert. of R.S.I.
Miss C. JANSE, S.R.N., S.C.M., H.V. Cert. of R.S.I. (Commenced 1st August 1953).
Miss A. SEELIG, S.R.N., S.C.M., H.V. Cert. of R.S.I. (Commenced 1st August 1953).

Assistant Health Visitors (Temp. School and Clinic Nurses).

- Mrs. G. MARSHALL, S.R.N.
Mrs. R. COATES, S.R.N. (Left 31st August, 1953).
Miss A. E. RIGBY, S.R.N. (Left 13th March, 1953).
Mrs. E. I. SMITH, S.R.N.

Midwives.

- Miss E. J. POTTS, S.C.M.
Mrs. D. M. GOMERSALL, S.R.N., S.C.M.
Mrs. E. JOHNSON, S.C.M. (Retired 29th October, 1953).
Miss L. M. THOMPSON, S.R.N., S.C.M.
Miss B. HEPPLESTON, S.R.N., S.C.M. (Commenced 2nd November 1953).

District Nurses.

- Miss F. E. GAMBLE, S.R.N., Queen's Nurse.
Miss F. METCALFE, S.R.N., C.M.B., Queen's Nurse.
Miss E. BIRD, S.R.N., S.C.M., Queen's Nurse.
Miss E. PHILLIPS, S.R.N., Queen's Nurse.
Mrs. E. SAYLES, S.R.N., S.C.M.
Miss W. SPENCER, S.R.N., S.C.M., H.V. Cert. of R.S.I., Queen's Nurse. (Commenced 1st June 1953).
Miss M. LAYCOCK, S.R.N., S.C.M.
Miss B. D. SHARP, S.R.N., S.C.M.

Dental Staff.

- Mr. H. TAYLOR, L.D.S.,
Miss K. COLLETT, Dental Attendant.

Moorend Day Nursery.

Mrs. W. M. BROOKE, S.R.N., Matron.
Miss K. ARMITAGE, S.E.A.N., Deputy Matron.
Mrs. M. A. RYAN, Warden.
Miss E. DRAKE, Nursery Nurse.
Mrs. J. RILEY, Nursery Assistant.
Mrs. K. M. HOLMES, Nursery Assistant.
Miss R. BROOKE, Nursery Nurse.
Mrs. P. J. HARRISON, Nursery Nurse.
Miss J. THORNTON, Nursery Assistant.

Part-time Staff.

Dr. M. M. MACTAGGART, County Psychologist.
Mr. B. D. VAINES, M.Ch.S., Chiropodist.
Miss D. RENDER, M.C.S.P., Physiotherapist.
Mr. L. WITTELS, M.D. (Vienna), D.O., Consultant
Ophthalmologist.
Mrs. G. JONES, Home Teacher of Mental Defectives.
(left October, 1953)
Mrs. M. M. DE LA COUR, Mental Health Social Worker.
Mrs. A. S. LEE, Speech Therapist.
Miss L. M. BALL, Home Teacher of Mental Defectives. (Com-
menced 16th November 1953).

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